

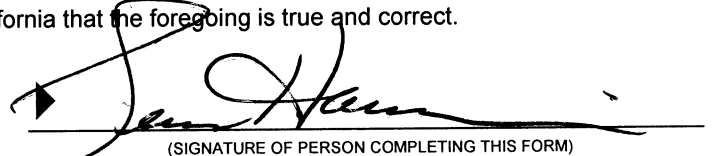
ESTATE OF (Name): John Russell Lunt	CASE NUMBER:
DECEDENT	PROSB2300691

PROOF OF SERVICE BY MAIL

1. I am over the age of 18 and not a party to this cause. I am a resident of or employed in the county where the mailing occurred.
2. My residence or business address is (specify):
34033 Castle Pines Drive
Yucaipa, Ca 92399
3. I served the foregoing *Notice of Petition to Administer Estate* on each person named below by enclosing a copy in an envelope addressed as shown below **AND**
 - a. ☒ **depositing** the sealed envelope with the United States Postal Service on the date and at the place shown in item 4, with the postage fully prepaid.
 - b. ☐ **placing** the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service, in a sealed envelope with postage fully prepaid.
4. a. Date mailed: 06/13/2023 b. Place mailed (city, state): Yucaipa, CA
5. ☒ I served, with the *Notice of Petition to Administer Estate*, a copy of the petition or other document referred to in the notice. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 06/13/2023Teresa Hammouri

(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)



(SIGNATURE OF PERSON COMPLETING THIS FORM)
NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

Name of person served	Address (number, street, city, state, and zip code)
1. Adam Lunt	3372 Sepulveda Avenue San Bernardino, Ca 92404
2. Emily Williams	2277 North 350 East St. George, UT 84790
3. Audrey Lunt	3372 Sepulveda Avenue San Bernardino, Ca 92404
4. Franchise Tax Board	P.O. Box 2952, MS A-454 Sacramento, CA 95812-0479
5. Dept. of Health Care Svcs.	Estate Recovery Unit P.O. Box 997425, MS 4720 Sacramento, CA 95899-7425
6. Victim Compensation Board	Revenue Recovery and Accounting Division P.O. Box 1348 Sacramento, CA 95812-1348

☐ Continued on an attachment. (You may use form DE-121(MA) to show additional persons served.)

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available upon request if at least 5 days notice is provided. Contact the clerk's office for *Request for Accommodations by Persons With Disabilities and Order* (form MC-410). (Civil Code section 54.8.)

