					DL-120			
ATTORNEY OR PARTY WITHOUT	ATTORNEY	STATE BAR NU	MBER:	FOR CO	URT USE ONLY			
NAME David James Witt								
FIRM NAME:								
STREET ADDRESS:7007 E. G	old Dust Avenue, Unit #	2106						
city:Scottsdale		STATE: AZ	ZIP CODE: 85253					
TELEPHONE NO.: (949) 378-5	5521	FAX NO.:						
EMAIL ADDRESS:								
ATTORNEY FOR (name): David	James Witt In Dro Ber							
		-						
1	ALIFORNIA, COUNTY OFS							
STREET ADDRESS:17780 Ar	row Blvd.							
MAILING ADDRESS: SAME								
CITY AND ZIP CODE: Fontana	92335							
BRANCH NAME:								
✓ ESTATE OF (name):	IN THE MATTE							
Julian Everett Witt								
	✓ DECEDE	NT TN	TRUST OTHER					
NOTICE OF	HEARING—DECEDE	NT'S ESTA	TE OR TRUST	CASE NUMBER:	40005			
This notice is required by law. You are not required to appear in court, but you may attend the hearing and object or respond if you wish. If you do not respond or attend the hearing, the court may act on the filing without you.								
 NOTICE is given that (name): David James Witt (fiduciary or representative capacity, if any): has filed a petition, application, report, or account (specify complete title and briefly describe):* 								
Petition for Proba	Petition for Probate							
The filing is a report of the status of a decedent's estate administration made under Probate Code section 12200. See the								
	NOTICE below.							
Please refer to the filed documents for more information about the case. (Some documents filed with the court are confidential.)								
				1				
A HEARING on the matter described in 1 will be held as follows:								
Hearing Date: SEP 0 5 2024 Time: 9 4 M Name and address of court, if different from above:								
Date Dept.:	F3 Roo	om:						
					1			
			NOTICE					

If the filing described in 1 is a report of the status of a decedent's estate administration made under Probate Code section 12200,

YOU HAVE THE RIGHT TO PETITION FOR AN ACCOUNTING UNDER SECTION 10950 OF THE PROBATE CODE.



Requests for Accommodations

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the hearing. Contact the clerk's office or go to www.courts.ca.gov/forms for Request for Accommodations by Persons With Disabilities and Response (). (Civ. Code, § 54.8.)

* Do not use this form to give notice of a petition to administer an estate (see Prob. Code, § 8100, and use form DE-121), notice of a hearing in a guardianship or conservatorship case (see Prob. Code, §§ 1511 and 1822, and use form GC-020), or notice of a hearing on a petition to determine a claim to property (see Prob. Code, § 851, and use form DE-115/GC-015).

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				DE-12				
_		E MATTER OF (name):		CASE NUMBER:				
Juli	ian Everett Witt	DECEDENT TRUST	T OTHER	PROVA 24006 TE				
	CLERK'S CERTIFICATE OF POSTING							
1.	I certify that I am not a party to this cause.							
2.	2. A copy of the foregoing Notice of Hearing—Decedent's Estate or Trust							
	a. was posted at (address):							
	h was most of an (data).							
Dat	b. was posted on (date):		Nada ba	Deputh				
Dai		C	Clerk, by	Deputy				
		PROOF OF SER	VICE BY MAIL*					
1.	I. 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.	2. My residence or business address is (specify):							
	3600 Lime Street Riverside, CA 92501							
3.	. I served the foregoing Notice of Hearing—Decedent's Estate or Trust on each person named below by enclosing a copy in an envelope addressed as shown below AND							
	a. depositing the sealed envelope on the date and at the place shown in item 4 with the U.S. Postal Service 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 U.S. Postal Service in a sealed envelope with postage fully prepaid.							
4.	a. Date mailed: 7/31/24							
	b. Place mailed (city, state):Riverside, CA							
5.	 I served with the Notice of Hearing—Decedent's Estate or Trust a copy of the petition or other document referred to in item 1 of the Notice. 							
l de	eclare under penalty of perjury under t	the laws of the State of Califo	ornia that the foregoi	ng is true and correct.				
Da	te: 7/31/24							
~	nthio Mondozo			(())				
Су	nthia Mendoza (TYPE OR PRINT NAME)			(SIGNATURE)				
	NAME AND	ADDRESS OF EACH PERS	TON MOHW OT NO	ICE WAS MAILED				
	Name			r, city, state, zip code)				
1.	David James Witt	7007 E. Gold Dust Ave	nue, Unit #2106					
_	David James will	Scottsdale, AZ 85253						
2.	Christopher Julian Witt	882 Maryess Dr. San Bernardino, CA 92410						
3.	Estate of Julian Eeverett Witt	11908 Holly Street						
4.		Grand Terrace, CA 923	13					
5.								
	Continued on an attachment.	You may use Attachment to	Notice of Hearing Pr	oof of Service by Mail,				
	form DE-120(MA)/GC-020(MA)			,				

* Do not use this form for proof of personal service. You may use form DE-120(P) to prove personal service of this Notice.