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| ATTORNEY (Name, State Bar number, and address): Timothy T. Trujillo, Esq. / SBN 198894 Dambacher, Trujillo & Associates 32 N. Washington Street Sonora, California 95370 TELEPHONE NO.: (209) 533-1883 FAX NO.: (209) 533-3844 E-MAIL ADDRESS: ATTORNEY FOR (Name): Defendants Delwyn Wallis and Rose Wallis | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF Tuolumne STREET ADDRESS: 41 West Yaney Avenue MAILING ADDRESS: 41 West Yaney Avenue CITY AND ZIP CODE: Sonora, California 95370 BRANCH NAME: | |
| PLAINTIFF/PETITIONER: Charles P. Varvayanis DEFENDANT/RESPONDENT: Delwyn Wallis, et al. OTHER: | CASE NUMBER: SC-19352 |
| <input type="checkbox"/> Amended NOTICE OF LIMITED SCOPE REPRESENTATION | JUDGE: Commissioner Pimentel DEPT.: 5 |

[Note: This form is for use in civil cases other than family law. For family law cases, use form FL-950.]

1. Attorney (name): **Timothy T. Trujillo**
 and party (name): **Delwyn Wallis and Rose Wallis**
 who is the petitioner/plaintiff respondent/defendant other (describe):

have an agreement that the attorney will provide limited scope representation in this case to the party.

2. The attorney will represent the party
- a. at the hearing on (date): **July 15, 2016**
 and at any continuance of that hearing
 until submission of the order after hearing
- b. at the trial on (date):
 and at any continuance of that trial
 until judgment
- c. other (specify nature and duration of representation):

At the hearing of the defendants' motion to strike the complaint as to Delwyn Wallis, an individual, and Rose Wallis, an individual.

DATE: July 15, 2016

TIME: 8:30 a.m.

DEPT: 5

3. By signing this form, the party agrees to sign *Substitution of Attorney-Civil* (form MC-050) at the completion of the representation described above.

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| PLAINTIFF/PETITIONER: Charles P. Varvayanis DEFENDANT/RESPONDENT: Delwin Wallis, et al. OTHER: | CASE NUMBER: <p style="text-align: center;">SC-19352</p> |
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4. During the limited scope representation, parties and the court must serve papers on both the attorney named above and directly on the party. (Cal. Rules of Court, rule 3.36.) The party's name and address for purpose of service are as follows:

Name: **Delwyn Wallis**
 Address (for the purpose of service):
 Post Office Box 279
 Mi Wuk Village, CA 95346
 telephone (209) 586-4065

Rose Wallis
 Post Office Box
 Mi Wuk Village, CA 95346
 telephone (209) 586-4065


Telephone:


Fax:

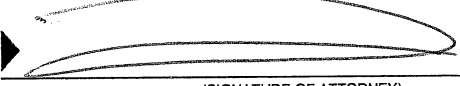
This notice accurately states all current matters and issues on which the attorney has agreed to serve as an attorney for the party in this case. The information provided on this form is not intended to state all of the terms and conditions of the agreement between the party and the attorney for limited scope representation.

Date: July 12, 2016
DELWYN WALLIS and ROSE WALLIS
 (TYPE OR PRINT NAME OF PARTY)

Date: July 12, 2016
TIMOTHY T. TRUJILLO
 (TYPE OR PRINT NAME OF ATTORNEY)


 (SIGNATURE OF PARTY)


 (SIGNATURE OF PARTY)


 (SIGNATURE OF ATTORNEY)

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| PLAINTIFF/PETITIONER: Charles P. Varvayanis DEFENDANT/RESPONDENT: Delwyn Wallis, et al. OTHER: | CASE NUMBER: SC-19352 |
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PROOF OF SERVICE BY FIRST-CLASS MAIL

1. I am at least 18 years old and **not a party to this action**. I am a resident of or employed in the county where the mailing took place, and my residence or business address is (*specify*):
- 32 N. Washington Street
Sonora, California 95370
2. I served copies of the *Notice of Limited Scope Representation* (form MC-950) by enclosing each of them in a sealed envelope with first-class postage fully prepaid and (*check one*):
- a. deposited the sealed envelopes with the United States Postal Service.
- b. placed the sealed envelopes for collection and processing for mailing, following this business's usual practices, with which I am readily familiar. On the same day correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service.
3. Copies of the *Notice of Limited Scope Representation* (form MC-950) were mailed:
- a. on (*date*): July 12, 2016
- b. from (*city and state*): Sonora, California
4. The envelopes were addressed and mailed as follows:
- | | | | |
|---------------------------|-----------------------|---------------------------|--|
| a. Name of person served: | Charles P. Varvayanis | c. Name of person served: | |
| Street address: | Post Office Box 395 | Street address: | |
| City: | Long Barn | City: | |
| State and zip code: | California 95335-0395 | State and zip code: | |
| b. Name of person served: | | d. Name of person served: | |
| Street address: | | Street address: | |
| City: | | City: | |
| State and zip code: | | State and zip code: | |
- Names and addresses of additional persons served are attached. (*You may use form POS-030(P).*)

I declare under penalty of perjury under the laws of the State of California that the foregoing and all attachments are true and correct.

Date: July 12, 2016

TRICIA LENOX

(TYPE OR PRINT NAME OF DECLARANT)



(SIGNATURE OF DECLARANT)