

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Michael Duane Davis, SB#93678 GRESHAM SAVAGE NOLAN & TILDEN, APC 3750 University Avenue, Suite 250 Riverside, California 92501-3335 TELEPHONE NO.: 951-684-2171 FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): RICHARD LANDFIELD	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: CITY AND ZIP CODE: Los Angeles, California 90012 BRANCH NAME:	
CASE NAME: Coordination Proceeding Special Title (Rule 1550(b)) ANTELOPE VALLEY GROUNDWATER CASES	
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)	CASE NUMBER: JCCP 4408 Santa Clara Case No. 1-05-CV-049053

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): RICHARD LANDFIELD makes the following substitution:

1. Former legal representative ☐ Party represented self ☒ Attorney (name): Michael Duane Davis

2. New legal representative ☒ Party is representing self* ☐ Attorney

a. Name: Richard Landfield b. State Bar No. (if applicable):

c. Address (number, street, city, ZIP, and law firm name, if applicable): 5755 Sunmist Lane, Yorba Linda, California 92886

d. Telephone No. (include area code): 714-524-1200

3. The party making this substitution is a ☐ plaintiff ☐ defendant ☐ petitioner ☐ respondent ☒ other (specify): Cross-Defendant

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Guardian • Conservator • Trustee | <ul style="list-style-type: none"> • Personal Representative • Probate fiduciary • Corporation | <ul style="list-style-type: none"> • Guardian ad litem • Unincorporated association |
|--|---|---|

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.

Date: ~~February~~ ^{May} 17, 2007

RICHARD LANDFIELD
(TYPE OR PRINT NAME)


 (SIGNATURE OF PARTY) 5/17/07

5. ☒ I consent to this substitution.

Date: ~~February~~ ^{May} 22, 2007

MICHAEL DUANE DAVIS
(TYPE OR PRINT NAME)

GRESHAM SAVAGE NOLAN & TILDEN, APC

 (SIGNATURE OF FORMER ATTORNEY)

6. ☒ I consent to this substitution.

Date: ~~February~~ ^{May} 17, 2007

RICHARD LANDFIELD
(TYPE OR PRINT NAME)


 (SIGNATURE OF NEW ATTORNEY) 5/17/07

(See reverse for proof of service by mail)

CASE NAME: Coordination Proceeding Special Title (Rule 1550(b)) ANTELOPE VALLEY GROUNDWATER CASES

CASE NUMBER: JCCP4408
Santa Clara Case No. 1-05EV-049053

**PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil**

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the 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. My residence or business address is (specify): 3750 University Avenue, Suite 250, Riverside, CA 92501-3335
2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing: May 23, 2007

(2) Place of mailing (city and state): Riverside, CA

3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: May 23, 2007

TERI GALLAGHER
(TYPE OR PRINT NAME)

Jeri Gallagher
(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served: SEE ATTACHED
- b. Address (number, street, city, and ZIP):
- c. Name of person served:
- d. Address (number, street, city, and ZIP):
- e. Name of person served:
- f. Address (number, street, city, and ZIP):
- g. Name of person served:
- h. Address (number, street, city, and ZIP):
- i. Name of person served:
- j. Address (number, street, city, and ZIP):

☒ List of names and addresses continued in attachment.

