MC-050

	MC-05
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): –R. Steven Derryberry SBN: 245234	FOR COURT USE ONLY
KESTLER DERRYBERRY LLP	
641 West Lancaster Boulevard, Suite 205	
Lancaster, CA 93534	
TELEPHONE NO.: 661-945-6115 FAX NO. (Optional): 661-948-4772	
E-MAIL ADDRESS (Optional): info@kestlerderryberry.com	
ATTORNEY FOR (Name): Family Bypass Trust c/u Leonard & Laura Griffin Trust	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES	
STREET ADDRESS: 111 North Hill Street	
MAILING ADDRESS: 111 North Hill Street	
CITY AND ZIP CODE: Los Angeles, 90012 BRANCH NAME: Stanley Mosk Courthouse	
CASE NAME: Antelope Valley Groundwater Cases	
SUBSTITUTION OF ATTORNEY—CIVIL	CASE NUMBER:
(Without Court Order)	JCCP 4408, 1-05-CV-049053
 c. Address (number, street, city, ZIP, and law firm name, if applicable): KESTLER I 641 West Lancaster Boulevard, Suite 205 Lancaster, CA 93534 d. Telephone No. (include area code): 661-945-6115 3. The party making this substitution is a plaintiff X defendant petit 	DERRYBERRY LLP
	MSELVES lian ad litem orporated
	ciation
If you are applying as one of the parties on this list, you may NOT act as your ow to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE A	n attorney in most cases. Use this form APPLYING TO REPRESENT YOURSELF.
NOTICE TO PARTIES WITHOUT ATTORNE A party representing himself or herself may wish to seek legal as timely and appropriate action in this case may result in serious l	ssistance. Failure to take
4. I consent to this substitution.	
Date: 3-2-17	
Family Bypass Trust c/u Leonard & Laura Griffin	in profin
(TYPE OR PRINT NAME)	(SIGNATURE OF PARTY)
5. X I consent to this substitution.	
Date: 3-7-17	1 ml
Michael T. Fife	mare part
(TYPE OR PRINT NAME)	(SIGNATURE OF FORMER ATTORNEY)
6. X I consent to this substitution.	
Date: $3/1/2017$	$ \leq $
R. Steven Derryberry	~ change
(TYPE OR PRINT NAME)	(SIGNATURE OF NEW AT OFINEY)
(See reverse for proof of service by mail)	Page 1 Code of Civil Procedure, §§ 284(1),
Form Adopted For Mandatory Use Judicial Council of California MC-050 (Rev. January 1, 2009) SUBSTITUTION OF ATTORNEY—CIV (Without Court Order)	IL Code of CMil Procedure, sy 204(1), Cal. Rules of Court, rule 3, www.courtinfo.ca Westlaw Doc & Form Bui

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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 <u>unsigned</u> 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): 641 West Lancaster Boulevard, Suite 205, Lancaster, CA 93534
- 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:

- (2) Place of mailing (city and state): Lancaster, CA
- 3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

a. Name of person served: Michael T. Fife, Attorney for Family Bypass Trust c/u Leonard & Laura Griffin Trust
 b. Address (number, street, city, and ZIP): Brownstein Hyatt Farber Schreck, LLP

1020 State Street Santa Barbara, CA 93101

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.