DE-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
Laurence P. Dugoni (SBN 191644); Suzanne C. Farley (SBN 256693)
Barulich Dugoni Law Group
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TELEPHONE NO.: 650-292-2900 FAX NO. (Optional): 650-292-2901
E-MAIL ADDRESS (Optional): larry@bdlawinc.com; suzanne@bdlawinc.com
ATTORNEY FOR (Name): Gerald M. Hing, Trustee

FOR COURT USE ONLY

ENDORSED FILED
SAN MATEO COUNTY
FEB 16 2010
Clerk of the Superior Court
By MARIA J. PEÑA
DEPUTY CLERK

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN MATEO
STREET ADDRESS: 400 County Center
MAILING ADDRESS: 400 County Center
CITY AND ZIP CODE: Redwood City 94063
BRANCH NAME:

☐ ESTATE OF (Name): ☒ IN THE MATTER OF (Name):
HOCK/ HELEN HING OH SCHOLARSHIP TRUST FUND B
☐ DECEDENT ☒ TRUST ☐ OTHER

NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST

CASE NUMBER: 110658

This notice is required by law.
This notice does not require you to appear in court, but you may attend the hearing if you wish.

1. NOTICE is given that (*name*): Gerald M. Hing
(*representative capacity, if any*): Trustee
has filed (*specify*):* FIFTH ACCOUNT AND REPORT OF TRUSTEE

BY FAX

2. You may refer to the filed documents for more information. (*Some documents filed with the court are confidential.*)

3. A HEARING on the matter will be held as follows:

a. Date: ~~MAR 16 2010~~ April 5, 2010 Time: 9 a.m. Dept.: 28 Room:

b. Address of court ☒ shown above ☐ is (*specify*):

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.)

* Do not use this form to give notice of a petition to administer estate (see Prob. Code, § 8100 and form DE-121) or notice of a hearing in a guardianship or conservatorship (see Prob. Code, §§ 1511 and 1822 and form GC-020).

Form Adopted for Mandatory Use
Judicial Council of California
DE-120 [Rev. July 1, 2005]

NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST
(Probate—Decedents' Estates)

Probate Code §§ 851, 1211, 1215, 1216, 1230, 17100
www.courtinfo.ca.gov

LexisNexis® Automated California Judicial Council

☐ ESTATE OF *(Name)*: ☒ IN THE MATTER OF *(Name)*: HOCK/ HELEN HING OH SCHOLARSHIP TRUST FUND B ☐ DECEDENT ☒ TRUST ☐ OTHER	CASE NUMBER: 110658

CLERK'S CERTIFICATE OF POSTING

1. I certify that I am not a party to this cause.
2. A copy of the foregoing *Notice of Hearing—Decedent's Estate or Trust*
   a. was posted at *(address)*:

   b. was posted on *(date)*:

Date: Clerk, by _____, Deputy

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)*: P.O. Box 371; 231 Second Avenue
   San Mateo, CA 94401

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 United States 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 United States Postal Service in a sealed envelope with postage fully prepaid.
4. a. Date mailed: 2-19-2010 b. Place mailed *(city, state)*: San Mateo, California
5. ☒ I served with the *Notice of Hearing—Decedent's Estate or Trust* 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: 2-19-2010

Suzanne C. Farley
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)

Suzanne C Farley
(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.	See Attached.	
2.		
3.		
4.		

☒ Continued on an attachment. *(You may use* Attachment to Notice of Hearing Proof of Service by Mail, *form DE-120(MA)/GC-020(MA), for this purpose.)*

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