

DE-120

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): Laurence P. Dugoni (SBN 191644) Barulich Dugoni Law Group P. O. Box 371; 231 Second Avenue San Mateo, CA 94401 TELEPHONE NO: 650-292-2900 FAX NO (Optional): 650-292-2901 E-MAIL ADDRESS (Optional): larry@bdlawinc.com ATTORNEY FOR (Name): Gerald M. Hing, Trustee 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:		FOR COURT USE ONLY ENDORSED FILED SAN MATEO COUNTY MAR 16 2011 Clerk of the Superior Court By <u>Alexandra Robles</u> DEPUTY CLERK
☐ ESTATE OF (Name): ☒ IN THE MATTER OF (Name): HOCK/HELEN HING OIL SCHOLARSHIP TRUST FUND B AMENDED ☐ 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):* SIXTH 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: April 20, 2011	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).

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

Azita Rahim	_____
(TYPE OR PRINT NAME OF PERSON COMPLETING THIS FORM)	(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.