

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): COLLEEN D. CALKINS SBN: 81635 ERVIN COHEN & JESSUP LLP 9401 WILSHIRE BLVD., NINTH FLOOR BEVERLY HILLS, CA 90212 TELEPHONE NO.: (310) 273-6333 FAX NO. (Optional): (310) 859-2325 E-MAIL ADDRESS (Optional): ccalkins@ecjlaw.com ATTORNEY FOR (Name): Robert Harrison Frank	FOR COURT USE ONLY CASE NUMBER: 16STPB03480
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: Central District	
<input checked="" type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> IN THE MATTER OF (Name): VATIA HARRISON ALBRIGHT <input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	
NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST	

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): Robert Harrison Frank
 (representative capacity, if any): Administrator
 has filed (specify):*


REPORT OF SALE AND PETITION FOR ORDER CONFIRMING SALE OF REAL PROPERTY

- 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: February 14, 2018	Time: 8:30 a.m.	Dept.: 29	Room:
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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).

<input checked="" type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> IN THE MATTER OF (Name): <p style="text-align: center;">VATIA HARRISON ALBRIGHT</p>	CASE NUMBER: 16STPB03480
<input checked="" type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	

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): 9401 Wilshire Blvd., 9th Floor, Beverly Hills, CA 90212
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: January 12, 2018 b. Place mailed (city, state): Beverly Hills, 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: January 12, 2018

Joni Krevoy
(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

	<u>Name of person served</u>	<u>Address (number, street, city, state, and zip code)</u>
1.		
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.

**SERVICE LIST
CASE NO. 16STPB03480
ESTATE OF VATIA HARRISON ALBRIGHT**

Geanne Frank
4415 Via Azalea
Palos Verdes Estates, CA 90274

Peter D. Pettler, Esq.
California Guardian Ad Litem
3465 Torrance Blvd., Suite D
Torrance, CA 90503-5804

Brent Perekoppi & Jacenta Barel
628 Elvira Avenue
Redondo Beach, CA 90277