

<b>UNITED STATES BANKRUPTCY COURT</b> SOUTHERN DISTRICT OF CALIFORNIA 325 West F Street, San Diego, California 92101-6991	
In Re	
Debtor.	BANKRUPTCY NO.
Plaintiff(s)	ADVERSARY NO.
v.	
Defendant(s)	

### PROOF OF SERVICE

I, \_\_\_\_\_ am a resident of the State of California, over the age of 18 years, and not a party to this action.

On \_\_\_\_\_, I served the following documents:

1. **To Be Served by the Court via Notice of Electronic Filing (“NEF”):**

Under controlling Local Bankruptcy Rules(s) (“LBR”), the document(s) listed above will be served by the court via NEF and hyperlink to the document. On \_\_\_\_\_, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following person(s) are on the Electronic Mail Notice List to receive NEF transmission at the e-mail address(es) indicated and/or as checked below:

Chapter 7 Trustee:

For Chpt. 7, 11, & 12 cases:  
UNITED STATES TRUSTEE  
ustp.region15@usdoj.gov

For ODD numbered Chapter 13 cases:  
THOMAS H. BILLINGSLEA, JR., TRUSTEE  
Billingslea@thb.coxatwork.com

For EVEN numbered Chapter 13 cases:  
DAVID L. SKELTON, TRUSTEE  
admin@ch13.sdcoxmail.com  
dskelton13@ecf.epiqsystems.com

**2. Served by United States Mail or Overnight Mail:**

On \_\_\_\_\_, I served the following person(s) and/or entity(ies) at the last known address(es) in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States Mail via 1) first class, postage prepaid, 2) certified mail with receipt number or 3) overnight mail service, addressed as follows:

**3. Served by Personal Delivery, Facsimile Transmission or Electronic Mail:**

Under Fed.R.Civ.P.5 and controlling LBR, on \_\_\_\_\_, I served the following person(s) and/or entity(ies) by personal delivery, or (for those who consented in writing to such service method), by facsimile transmission and/or electronic mail as follows:

I declare under penalty of perjury under the laws of the United States of America that the statements made in this proof of service are true and correct.

Executed on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Typed Name and Signature)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, ZIP Code)