Name, Address, Telephone No. & I.D. No.

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

**PROOF OF SERVICE**

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|  | I, |  | | | am a resident of the State of California, over the age of 18 years, ction. |
| and not a party to this action. | | | | | |
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|  | On | |  | , I served the following documents: | |
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| 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 Chapter 7, 11, & 12 cases: | |  | For Chapter 13 cases: | |  |  | UNITED STATES TRUSTEE  ustp.region15@usdoj.gov | |  | MICHAEL KOCH, TRUSTEE  mkoch@ch13.sdcoxmail.com | | | | |

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| 2. | **Served by United States Mail**: | | | | |
|  |  | | | | |
|  | On |  | , I served the following person(s) and/or entity(ies) at the last known address(es) | | |
| address(es) in this bankruptcy case or adversary proceeding by placing accurate copies in a sealed envelope in the United States Mail via 1) first class, postage prepaid or 2) certified mail with receipt number, addressed as follows: | | | | | |
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| 3. | **Served by Personal Delivery, Facsimile Transmission, Overnight Delivery, 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, by overnight delivery and/or electronic mail as follows: | | | |
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|  | 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. | | |
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| Executed on |  |  |  |
|  | (Date) |  | (Typed Name and Signature) |
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|  | | | (Address) |
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|  | | |  |
|  | | | (City, State, ZIP Code) |