	POS-020
ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):	FOR COURT USE ONLY
JACOB P. AUSTIN [SBN 290303] The Law Office of Jacob Austin	
1455 Frazee Road, Suite 500	ELECTRONICALLY FILED
San Diego, CA 92108	Superior Court of California, County of San Diego
((10) 257 (850	09/13/2018 at 09:25:00 PM
TELEPHONE NO.: (619) 357-6850 FAX NO. (Optional):	Clerk of the Superior Court
E-MAIL ADDRESS (Optional): (888) 357-8501 ATTORNEY FOR (Name): JacobAustinEsq@gmail.com	By Rhonda Babers Deputy Clerk
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO	NV and Art
STREET ADDRESS: 330 West Broadway	
Mailing address: 330 West Broadway	
CITY AND ZIP CODE: San Diego, CA 92101-2994	a sela en se coñecere en
BRANCH NAME: Central Division - Civil	
PETITIONER/PLAINTIFF: LARRY GERACI	
PETHONER/PLAINTIFF: LARKI ULKACI	and the state of the state of the
RESPONDENT/DEFENDANT: DARRYL COTTON, et al.	
	CASE NUMBER:
PROOF OF PERSONAL SERVICE—CIVIL	37-2017-00010073-CU-BC-CTL
(Do not use this Proof of Service to show service of a Summons a	nd Complaint.)
1. I am over 18 years of age and <b>not a party to this action</b> .	
2. I served the following <b>documents</b> (specify):	
VERIFIED STATEMENT OF DISQUALIFICATION PURSUANT TO CCP §170.1(	
The documents are listed in the Attachment to Proof of Personal Service—Civil (D	ocuments Served) (form POS-020(D)).
3. I personally served the following <b>persons</b> at the address, date, and time stated:	
a. Name: The Honorable Joel R. Wohlfeil, by serving Clerk Calvin I	Description: Caucasian male, 5'11" and thin
b. Address: 330 West Broadway, Department 73	frame, brown hair, approx. 26-yr
c. Date: April 12, 2018	old, white dress shirt, brown slacks, no suit coat.
d. Time: 4:22 p.m.	stacks, no suit coat.
The persons are listed in the Attachment to Proof of Personal Service—Civil (Pers	cons Served) (form POS-020(P)).
4. lam	
a. 🖌 not a registered California process server. C. 🛄 an employee or independent contractor of a	
	nia process server.
d exempt from regi Code section 223	stration under Business & Professions
5. My name, address, telephone number, and, if applicable, county of registration and num	
Jacob P. Austin	bei are (specify).
The Law Office of Jacob Austin	
1455 Frazee Road, Suite 500	
San Diego, CA 92108	
<ul> <li>6. I declare under penalty of perjury under the laws of the State of California that the f</li> </ul>	foregoing is true and correct
<ul> <li>7. I am a California sheriff or marshal and certify that the foregoing is true and correct</li> </ul>	
Date: September 12, 2018	
ta u prava u trava su structura pravata en estas	
JACOB P. AUSTON	
(TYPE OR PRINT NAME OF PERSON WHO SERVED THE PAPERS) (SIGNATU	IRE OF PERSON WHO SERVED THE PAPERS)
JACOB P. AUSTON	IRE OF PERSON WHO SERVED THE PAPERS)