DE-166

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	TELEPHONE AND FAX NOS.:	FOR COURT USE ONLY
ERNEST HAACK, PRO PER 50 CASE VIEW WAY SHELTON, WA 98584	360-931-1152	FILED SUPERIOR Court OF CALIFORNIA COUNTY OF SAN BERNARDINO PROBATE DEPT. JAN 23 2023 BY: VALERIE GOLDSTEIN, Deputy
ATTORNEY FOR (Name): In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO STREET ADDRESS: 247 W THIRD ST MAILING ADDRESS: 247 WEST THIRD STREET CITY AND ZIP CODE: SAN BERNARDINO 92415-0212 BRANCH NAME: SAN BERNARDINO PROBATE DIVISION		
ESTATE OF (Name): STEVEN JAY HAACK DECEDENT		
WAIVER OF NOTICE OF PROPOSED ACTION **(Probate Code section 10583)** **(Revocation of Waiver)**		CASE NUMBER: PROSB2201213

WARNING

READ BEFORE YOU SIGN

A. The law requires the personal representative to give you notice of certain actions he or she proposes to take to administer the estate. If you sign this form, the personal representative will NOT have to give you notice.

B. You have the right (1) to object to a proposed action and (2) to require the court to supervise the proposed action. If you do not object before the personal representative acts, you lose your right and you cannot object later.

C. IF YOU SIGN THIS FORM, YOU GIVE UP YOUR RIGHT TO RECEIVE NOTICE. This means you give the personal representative the right to take actions concerning the estate without first giving you the notice otherwise required by law. You cannot object after the action is taken.

D. You have the right to revoke (cancel) this waiver at any time. Your revocation must be in writing and is not effective until it is actually received by the personal representative. *(A form to revoke your waiver is on the reverse. You may want to revoke this waiver later. Keep a copy of this form so you can.)*

E. If you do not understand this form, ask a lawyer to explain it to you.

WAIVER OF RIGHT TO NOTICE

1. I understand that the personal representative named here has authority to administer the estate of the decedent without court supervision under the Independent Administration of Estates Act (California Probate Code sections 10400-10592).
   a. *(name)*: BRUCE A HAACK & ERNEST HAACK
   b. *(address)*: BRUCE A HAACK 50 E CASE VIEW WAY, SHELTON, WA 98584
      ERNEST HAACK 337 WELLINGTON CREST, MOUNT CLEMENS, MI 48043

(Mail or deliver notices to the personal representative at this address.)

2. I understand I have the right to receive notice of certain actions the personal representative may propose to take. I understand that those actions may affect my interest in the estate.

3. I understand that by signing this waiver form I give up my right to receive notices from the personal representative of actions he or she may decide to take.

(Continued on reverse)

ESTATE OF *(Name)*: Steven Jay Haack DECEDENT	CASE NUMBER: PROSB22Ø1213

4. By signing below, **I WAIVE MY RIGHT** to receive prior notice of *(CHECK ONLY ONE BOX to indicate your choice)*:
   a. [X] Any and all actions the personal representative is authorized to take under the Independent Administration of Estates Act.
   b. [ ] Any of the kinds of transactions I have listed below that the personal representative is authorized to take under the Independent Administration of Estates Act *(specify which actions you are waiving your right to receive notice of)*:
      [ ] See Attachment 4.

Date: 11-28-22

JONATHAN M HAACK
(TYPE OR PRINT NAME)

▶ Jonathan Haack
(SIGNATURE)

My address is *(type or print)*: 1206 Maclovia St, Santa Fe, NM 87505

(Keep a copy for your records.)

REVOCATION OF WAIVER OF NOTICE OF PROPOSED ACTION

1. I previously signed a waiver of my right to receive notices of proposed actions by the personal representative under the Independent Administration of Estates Act.
2. I **revoke** (cancel) any previous waiver of my right to receive notices of proposed actions by the personal representative of the estate of the decedent.
3. I request the personal representative to send me all notices required by law.

Date:

(TYPE OR PRINT NAME)

▶
(SIGNATURE)

My address is *(type or print)*:

(Mail or deliver this revocation to the personal representative at the address in item 1 on the reverse. Keep a copy for your records.)

PROOF OF SERVICE BY MAIL

1. I mailed a copy of the [X] *Waiver of Notice of Proposed Action* [ ] *Revocation* to the personal representative by [X] **depositing** a copy of the revocation with the United States Postal Service, in a sealed envelope with postage fully prepaid by first-class mail **or** [ ] **placing** the envelope for collection and mailing on the date and place below following our ordinary business practices. I am readily familiar with this business' 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.
   I am a resident of or employed in the county where the mailing occurred.
2. The envelope was addressed and mailed as follows:
   a. Name of personal representative served: BRUCE A HAACK
   b. Address on envelope: 50 Case View Way, Shelton, WA 98584
   c. Date of mailing: 11-28-22
   d. Place of mailing *(city and state)*: Santa Fe, NM

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 11-28-22

Jonathan Haack
(TYPE OR PRINT NAME)

▶ Jonathan Haack
(SIGNATURE)

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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