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FILED

MAY 17 2024 *PJ*

SHASTA COUNTY SUPERIOR COURT
BY: P. THOMASY, DEPUTY CLERK

CASE NUMBER:
23CV-0203713

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):
SHON NORTHAM SBN202912
1650 OREGON ST. STE 116
REDDING CA 96001

TELEPHONE NO.: (530) 244-1870 FAX NO. (Optional):
E-MAIL ADDRESS (Optional): Northamlawoffice@icloud.com
ATTORNEY FOR (Name): Patrick Jones (Real Party In Interest)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SHASTA
STREET ADDRESS: 1515 COURT STREET
MAILING ADDRESS:
CITY AND ZIP CODE: REDDING CA 96001
BRANCH NAME: CIVIL DIVISON

CASE NAME:
Anderson/Millville Residents vs. Shasta County / BOS / Patrick Jones

SUBSTITUTION OF ATTORNEY—CIVIL
(Without Court Order)

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name): *Patrick Jones* makes the following substitution:

- 1. Former legal representative Party represented self Attorney (name):
- 2. New legal representative Party is representing self* Attorney
 - a. Name: SHON NORTHAM
 - b. State Bar No. (if applicable): 202912
 - c. Address (number, street, city, ZIP, and law firm name, if applicable):
1650 OREGON STREET, Ste 116 REDDING CA 96001
 - d. Telephone No. (include area code):
- 3. The party making this substitution is a plaintiff defendant petitioner respondent other (specify):
Respondent / Real Party in Interest PATRICK JONES

***NOTICE TO PARTIES APPLYING TO REPRESENT THEMSELVES**

- Guardian
- Personal Representative
- Guardian ad litem
- Conservator
- Probate fiduciary
- Unincorporated association
- Trustee
- Corporation

If you are applying as one of the parties on this list, you may NOT act as your own attorney in most cases. Use this form to substitute one attorney for another attorney. SEEK LEGAL ADVICE BEFORE APPLYING TO REPRESENT YOURSELF.

NOTICE TO PARTIES WITHOUT ATTORNEYS

A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.
Date: 05-17-24
PATRICK JONES

(TYPE OR PRINT NAME)

Patrick Jones

(SIGNATURE OF PARTY)

5. I consent to this substitution.
Date: 05-17-24
SHON NORTHAM

(TYPE OR PRINT NAME)

Shon Northam

(SIGNATURE OF FORMER ATTORNEY)

6. I consent to this substitution.
Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

CASE NAME:

CASE NUMBER:

Anderson/Millville Residents vs. Shasta County / BOS / Patrick Jones

23CV-0203713

**PROOF OF SERVICE BY MAIL
Substitution of Attorney—Civil**

Instructions: After having all parties served by mail with the Substitution of Attorney—Civil, have the person who mailed the document complete this Proof of Service by Mail. An unsigned copy of the Proof of Service by Mail should be completed and served with the document. Give the Substitution of Attorney—Civil and the completed Proof of Service by Mail to the clerk for filing. If you are representing yourself, someone else must mail these papers and sign the 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. My residence or business address is (specify):

2. I served the Substitution of Attorney—Civil by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown below and depositing the envelope in the United States mail with the postage fully prepaid.

(1) Date of mailing:

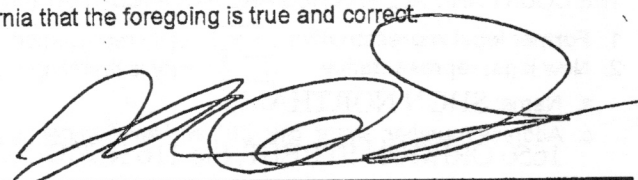
(2) Place of mailing (city and state):

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

Date:

LESLIE SAWYER

(TYPE OR PRINT NAME)



(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served: JOSEPH LARMOUR (County Counsel)

b. Address (number, street, city, and ZIP):
1450 Court Street, Suite 332
Redding, CA 96001

c. Name of person served: Donald Mooney (Attorney for Petitioner)

d. Address (number, street, city, and ZIP):
417 Mace Boulevard, Suite J-334
Davis, CA 95618

e. Name of person served:

f. Address (number, street, city, and ZIP):

g. Name of person served:

h. Address (number, street, city, and ZIP):

i. Name of person served:

j. Address (number, street, city, and ZIP):

List of names and addresses continued in attachment.