

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address) GILBERT QUINONES, ESQ. 128171 LAW OFFICES OF GILBERT QUINONES 206 S. STIMSON AVENUE LA PUENTE, CA 91744 TELEPHONE NO 626-937-6320 FAX NO (Optional) 626-937-6322 E-MAIL ADDRESS (Optional) GQLAW200@YAHOO.COM ATTORNEY FOR (Name) FAHED SAYEGH		MC-050 FOR COURT USE ONLY FILED Superior Court of California County of Los Angeles OCT 07 2025 David W. Slayton, Executive Officer/Clerk of Court By: S. Acosta, Deputy
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS 300 EAST WALNUT STREET MAILING ADDRESS CITY AND ZIP CODE PASADENA, CA 91004 BRANCH NAME NORTHEAST		CASE NUMBER 25PDFL01441
CASE NAME: FAHED SAYEGH v. NUHA SAYEGH		
SUBSTITUTION OF ATTORNEY—CIVIL (Without Court Order)		

THE COURT AND ALL PARTIES ARE NOTIFIED THAT (name):

makes the following substitution:

1. Former legal representative ☐ Party represented self ☒ Attorney (name): GILBERT QUINONES
2. New legal representative ☒ Party is representing self ☐ Attorney
 - a. Name: FAHED SAYEGH
 - b. State Bar No. (if applicable):
 - c. Address (number, street, city, ZIP, and law firm name, if applicable):
1226 SONOMS DRIVE, ALTADENA CA 91001

d. Telephone No. (include area code): 310-877-5033

3. The party making this substitution is a ☐ plaintiff ☐ defendant ☒ petitioner ☐ respondent ☐ other (specify):

***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

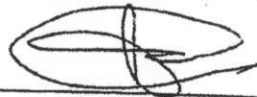
A party representing himself or herself may wish to seek legal assistance. Failure to take timely and appropriate action in this case may result in serious legal consequences.

4. I consent to this substitution.

Date: 10/06/2025

FAHED SAYEGH

(TYPE OR PRINT NAME)



(SIGNATURE OF PARTY)

5. ☒ I consent to this substitution.

Date: 10/06/2025

GILBERT QUINONES

(TYPE OR PRINT NAME)



(SIGNATURE OF FORMER ATTORNEY)

6. ☒ I consent to this substitution.

Date: 10/06/2025

FAHED SAYEGH

(TYPE OR PRINT NAME)



(SIGNATURE OF NEW ATTORNEY)

(See reverse for proof of service by mail)

Page 1 of 2

CASE NAME:

— FAHED SAYEGH v. NUHA SAYEGH

CASE NUMBER:

25PDFL01441

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):
 206 S Stimson Ave, La Puente, CA 91744
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: 10/06/2025

Elizabeth Arreola

(TYPE OR PRINT NAME)



(SIGNATURE)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

4. a. Name of person served: NUHA SAYEGH
- b. Address (number, street, city, and ZIP):
 5634 NOEL DRIVE, TEMPLE CITY CA 91780

c. Name of person served:

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

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.