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DECLARATION OF SERVICE BY MAIL

I certify and state that I am and was, at all times herein

mentioned, a citizen of the United States and employed in the County of Los

Angeles, over the age of eighteen (18) years, and not a party to the within

action; that my business address is 11365 Ventura Boulevard, Studio City,

California 91604.

That on

, I served the attached NOTICE OF

APPEARANCE AND RESPONSE OF EMPLOYEE PENSION BENEFIT PLAN upon each of the

persons named below by depositing a true copy thereof in a United States

mail box at Studio City, California, in a sealed envelope with postage

thereon fully prepaid and addressed as follows:

That there is a regular communication by mail between the place

of mailing and each place so addressed.

I certify and declare under penalty of perjury that the

foregoing is true and correct.

Executed at Studio City, California, this

day of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GUILLERMINA T. MAGNO

Director, Pension

December 8, 2005

PETIONER  
11030 Moorpark Street #17  
North Hollywood, CA 91602  
  
RESPONDENT  
10656 Victory Blvd. #223  
North Hollywood, CA 91602

8th

December, 2005.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number and address):

***FOR COURT USE ONLY***

ATTORNEY FOR (Name):

**MARRIAGE OF**

PETITIONER:

RESPONDENT:

CLAIMANT:

CASE NUMBER:

**AND RESPONSE**

**NOTICE OF APPEARANCE**

**OF EMPLOYEE BENEFIT PLAN**

1. An appearance in this proceeding is entered by claimant employee benefit plan (name):

2. Service on claimant may be made as follows

Attorney for claimant (name, address, and telephone number):

a.

Other (name, title, address, and telephone number):

b.

Claimant responds to the pleading on joinder and states that the allegations of the pleadings are

3.

correct

a.

attachment 3b or

as follows (specify):

incorrect as set forth in

Claimant

Dated:

By

**NOTICE OF APPEARANCE AND RESPONSE**

**OF EMPLOYEE BENEFIT PLAN**

Family Code, §§ 80, 2010, 2021,

2060–2065, 2070–2074

www.courtinfo.ca.gov

Form Adopted for Mandatory Use

Judicial Council of California

FL-374 [Rev. January 1, 2003]

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF**

CITY AND ZIP CODE:

BRANCH NAME:

STREET ADDRESS:

MAILING ADDRESS:

b.

(SIGNATURE)

(TYPE OR PRINT NAME)

**FL-374**

**Page 1 of 1**

TELEPHONE NO. (Optional):

FAX NO. (Optional):

E–MAIL ADDRESS (Optional):

Robert Lowe, Esq. CSB# 82372  
Mitchell, Silberberg & Knupp LLP  
11377 West Olympic Blvd., Los Angeles, CA 90064  
(310) 312-3180 FAX: (310) 231-8380

Motion Picture Industry Pension Plan  
Motion Picture Industry Individual Account Plan

Robert Lowe, Esq. CSB# 82372  
Mitchell, Silberberg & Knupp LLP  
11377 West Olympic Blvd., Los Angeles, CA 90064  
(310) 312-3180 FAX: (310) 231-8380

1. Claimant admits that is a participant in the Motion Picture Industry Pension Plan and Motion Picture Industry Individual Account Plan and that his Social Security number is:   
2. Claimant is without sufficient information and belief with respect to the remaining allegations in the Pleading on Joinder and thereupon denies s said allegations.

Motion Picture Industry Pension Plan  
Motion Picture Industry Individual Account Plan

Guillermina T. Magno