SUPERIOR COURT OF THE DISTRICT OF COLUMBIA PROBATE DIVISION

| | ADM INT IDD SEB GDN |
|---------------------|--|
| | TRP CON |
| n re Estate of | FEP |
| Minor/Ward/Deceased | |
| NOTICE OF APP | PEARANCE OF COUNSEL FOR: |
| (INS | ERT NAME OF PARTY) |
| The undersigned | , whose address, |
| - | below, hereby enters his/her appearance as counsel for |
| | |
| | Signature of attorney |
| | Typed name of attorney |
| | Address (actual address/not Post Office Box) |
| | |
| | |
| | Telephone number |
| | Email address |

Unified Bar number

CERTIFICATE OF SERVICE

| I certify that on the | _ day of | , 20, a copy of this filing was either | |
|-------------------------|-----------------------------------|--|-----|
| | | tive Order 13-15 or served by first class ma | il, |
| postage prepaid, on the | following persons (list names and | nd complete mailing addresses): | |
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Signature