

2010 SEP 30 PM 4:07 ✓

JEANNE HICKS, CLERK

S. KELBAUGH

BY: _____

1 J. Jeffrey Coughlin (013801)
2 **J. JEFFREY COUGHLIN PLLC**
3 114 S. Pleasant Street
4 Prescott, Arizona 86303
5 Telephone: (928) 445-7137
6 Facsimile: (866) 890-8989
7 j.coughlin@azbar.org
8 Attorney for Plaintiffs

9 IN THE SUPERIOR COURT FOR THE STATE OF ARIZONA
10 IN AND FOR THE COUNTY OF YAVAPAI

11 JOHN B. CUNDIFF and BARBARA C.
12 CUNDIFF, husband and wife; ELIZABETH
13 NASH, a married woman dealing with her
14 separate property; KENNETH PAGE and
15 KATHRYN PAGE, as Trustee of the Kenneth
16 Page and Catherine Page Trust,

17 Plaintiffs,

18 vs.

19 DONALD COX and CATHERINE COX,
20 husband and wife,

21 Defendants.

CASE NO. P1300CV20030399

AFFIDAVIT OF SERVICE

22 STATE OF ARIZONA)
23) ss.
24 County of Yavapai)

25 J. JEFFREY COUGHLIN, being first duly sworn, upon oath, deposes and says:

1. The following parties being served are known to be located inside or outside of the state:

<u>Party</u>	<u>Parcel No.</u>	<u>Date of Delivery</u>
John and Dusti Audsley	40101037E	9/27/2010
Mainland Water Investments LLC	10301142A	9/28/2010
Gerald and Laurel Osher	40101012G	9/28/2010

1 Cindi Labash

40101040A

9/28/2010

2
3 2. The summons, a copy of this Court's Notice and the First Amended Complaint
4 with attached Declaration of Restrictions were mailed via Certified Mail to the parties above.

5 3. The summons, a copy of this Court's Notice and the First Amended Complaint
6 with attached Declaration of Restrictions were received by the above parties as evidenced by the
7 receipts, copies of which are attached to this affidavit.

8 4. The date of receipt by each party is listed above. The receipts were returned to me
9 on September 28, 2010 and September 29, 2010.

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11 

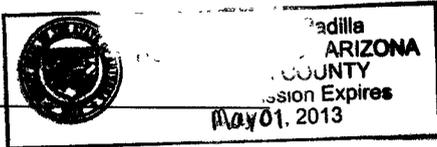
J. JEFFREY COUGHLIN

12 SUBSCRIBED AND SWORN to before me this 30th day of September, 2010.

13
14 

Notary Public

15 My commission expires:



18
19
20 COPY of the foregoing
21 mailed this 30th day of
Sept, 2010 to:

22
23 Jeffrey R. Adams
24 ADAMS & MULL, PLLC
25 211 East Sheldon Street
Prescott, AZ 86301
Attorneys for Defendants

1 William "Bill" Jensen
2 2428 West Coronado Ave.
3 Flagstaff, AZ 86001
4 Pro Per

5 Hans Clugston
6 HANS CLUGSTON, PLLC
7 1042 Willow Creek Road
8 Suite A101-PMB 502
9 Prescott, AZ 86301
10 Attorney for Margaret Kizlowski and Northern
11 Arizona Fiduciaries, Inc.

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By: C. Padilla

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>John D. Audsley 9/27/10</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">John and Dusti Audsley 10500 N. Orion Way Prescott Valley, AZ 86315</p> <p style="font-size: 2em; text-align: center;">40101037E</p> <p>2. Article Number (Transfer) 7009 2820 0000 7008 5822</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>[Signature]</i> 9/28/2010</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; font-size: 1.5em;">SEP 28 2010</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mainland Water Investments LLC P.O. Box 2945 Prescott, AZ 86302</p> <p style="font-size: 2em; text-align: center;">10301142A</p> <p>2. Article Number (Transfer from service label) 7009 2820 0003 7607 8191</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Gerald and Laurel Osher
9015 E. Mummy View Dr.
Prescott Valley, AZ 86314

40101012G

2. Article Number

7009 2820 0003 7607 8092

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Laurel D Osher* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Laurel D Osher *9/28/2010*

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

928 10

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cindi Labash
9225 E. Far Away Place
Prescott Valley, AZ 86314

40101040A

2. Article Number

7009 2820 0003 7607 7194

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Dorothy H Feagins* Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

DOROTHY H FEAGINS *9-28-10*

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes