

CN: 201703018170

SN: 81

PC: 3

FILED

DEC 08 2017

Timothy W. Fitzgerald
SPOKANE COUNTY CLERK

SUPERIOR COURT, STATE OF WASHINGTON, COUNTY OF SPOKANE

In re:

SIRINYA SURINA,

Petitioner,

And

AARON SURINA,

Respondent.

No. 17-3-01817-0

**NOTICE OF INTENT
TO WITHDRAW AS
ATTORNEY OF RECORD**

TO: CLERK OF THE ABOVE-ENTITLED COURT,
TO: AARON SURINA, Respondent,
TO: SIRINYA SURINA, Petitioner,
TO: KEITH GLANZER, Attorney for Petitioner.

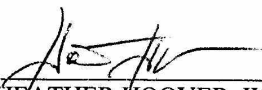
NOTICE IS HEREBY GIVEN that HEATHER HOOVER, of David J. Crouse & Associates, attorney of record for the Respondent, AARON SURINA, intends to withdraw as attorney of record pursuant to CR 71, effective December 18, 2017.

This withdrawal shall be effective without Court order unless an objection to the withdrawal is served upon HEATHER HOOVER.

The last known name and address of the Respondent is:

Mr. Aaron Surina
P.O. Box 30123
Spokane, WA 99223

DATED this 6th day of December, 2017.


HEATHER HOOVER, WSBA #43184
Attorney for Respondent

NOTICE OF INTENT TO WITHDRAW
AS ATTORNEY OF RECORD
Page 1

DAVID J. CROUSE & ASSOCIATES, PLLC
Attorneys at Law
422 West Riverside, Suite 920
Spokane, Washington 99201
(509) 624-1380
Fax (509) 747-6724

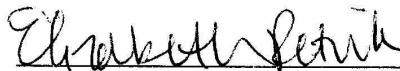
1
2 STATE OF WASHINGTON)
3) ss.
4 County of Spokane)

5 ELIZABETH PETRIK being first duly sworn on oath deposes and states that:

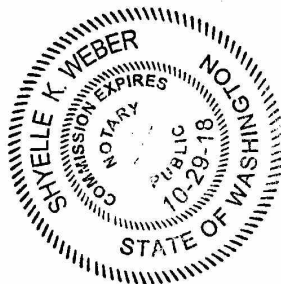
6 That at all time herein mentioned I was and am now a citizen of the United States, over the age of
7 majority, competent to be a witness in the above-entitled action, and not a party thereto.

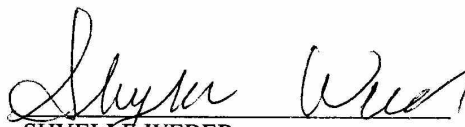
8 That on December 6, 2017, I mailed the NOTICE OF INTENT TO WITHDRAW AS
9 ATTORNEY OF RECORD to AARON SURINA by regular mail and certified mail (receipt attached).

10 DATED this 6th day of December, 2017.

11 
12 ELIZABETH PETRIK

13
14 SUBSCRIBED AND SWORN to before me this 6th day of December, 2017.




SHYELLE WEBER
NOTARY PUBLIC in and for the State
of Washington residing at Spokane.
My Commission expires: 10-29-18

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

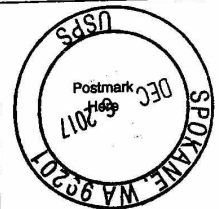
OFFICIAL USE

Certified Mail Fee
\$ 3.35

Extra Services & Fees (check box, add fee as appropriate)
☒ Return Receipt (hardcopy) \$ 2.75
☐ Return Receipt (electronic) \$ _____
☐ Certified Mail Restricted Delivery \$ _____
☐ Adult Signature Required \$ _____
☐ Adult Signature Restricted Delivery \$ _____

Postage
\$.49

Total Postage and Fees
\$ 6.59



Sent To
Mr. Aaron Surina
Street and Apt. No., or PO Box No.
P.O. Box 30123
City, State, ZIP+4®
Spokane, WA 99223

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

EE22 9980 T000 0T0E 9T02