

18-2-00464-23
DCLRM 61
Declaration of Mailing
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SUPERIOR COURT OF WA.
SHARON K. FOGO
BY PP 3 DEPUTY

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF MASON

REVOLVE CAPITAL GROUP, LLC,
Plaintiff

v.

THE ESTATE OF BARRY MORRIS;
THE UNKNOWN HEIRS, DEVISEES
AND ASSIGNEES OF BARRY
MORRIS; MAUREEN ROSAS; LOUIS
MORRIS; JENNIFER SEACHRIST;
REBECCA L. GUY; TIMBERLAKE
COMMUNITY CLUB, INC., DYNAMIC
COLLECTORS, INC., AND OTHER
PERSONS OR PARTIES UNKNOWN
CLAIMING ANY RIGHT, TITLE,
LIEN, OR INTEREST IN THE REAL
PROPERTY COMMONLY KNOWN
AS 230 E. STAVIS ROAD, SHELTON,
WA 98584;

Defendants.

AND RELATED COMPLAINT IN
INTERVENTION

No. 18-2-00464-23

AFFIDAVIT OF SERVICE BY MAIL

I, Donna Pekarsky, declare that on May 24, 2021, I deposited in the United States Mail by certified mail, return receipt requested, a copy of the SUMMONS AND COMPLAINT IN INTERVENTION to the party below:

Revolve Capital Group, LLC
c/o Registered Agent Solutions Inc.
9 E. Lockerman St, Suite 311
Dover DE 19901

61

Revolve Capital Group, LLC
c/o Registered Agents, Inc,
1267 Willis St, Suite 200,
Redding, CA 96001

Copies of the USPS certified mail return receipts green cards are attached.

I declare under penalty of perjury under the laws of the State of Washington the above is true and correct.

DATED: July 29, 2021



Donna Pekarsky

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Revolve Capital Group, LLC c/o Registered Agent Solutions, 9 E. Lockerman St, Suite 311 Dover, DE 19801	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 5/27/21
2. Article Number (Transfer from service label) 9590 9402 2509 6306 1653 04 Summons & Complaint in Intervention	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<input type="checkbox"/> Complete items 1, 2, and 3. <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you. <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Revolve Capital Group, LLC c/o Registered Agents Inc. 1267 Willis St, Suite 200 Redding, CA 96001	B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery 6/2/21
2. Article Number (Transfer from service label) 9590 9402 2509 6306 1652 98 Summons & Complaint in Intervention	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No June 2, 2021 Arthur & Conk
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt