NYSCEF DOC. NO. 13

INDEX NO. 2023-365

RECEIVED NYSCEF: 11/06/2023

# **AFFIDAVIT OF MAILING**



Reference No:23-094447 Mailing Number: 001454				
STATE OF CALIFORNIA	}	}SS		
COUNTY OF SAN DIEGO	}			
l,	Charlene Bro	ussard	, declare as fo	ollows:
I am and at all times here resident of San Diego Co		tizen of the Unite	ed States, over the age o	f eighteen years and a
	eparate sealed env	elopes, in accord	ance with the checked m	eed States mail a copy of the nailing classes defined below, ereof.
	Class fied Return Class with Certific	□Certified □ Registered ate of Mailing	□Certified Ele □ Registered	ectronic Return Receipt International
Additional Services provi	ded during the pro	duction of this m	nail order (if any):	
None				
October 31 2023  Date and Place  A notary public or other the document to which t	San Diego, Califo	this certificate ve	Affiant erifies only the identity o	f the individual who signed y, or validity of that
STATE OF CALIFORNIA COUNTY OF SAN DIEGO OnOctober 31 2 personally appeared Cha person(s) whose name(s) executed the same in his instrument the person(s)	rlene Broussard, w is/are subscribed /her/their authori	to the within instance capacity(ies),	on the basis of satisfact trument and acknowledg and that by his/her/thei	ory evidence to be the ged to me that he/she/they r signature(s) on this
I certify under PENALTY ( and correct.	OF PERJURY under	the laws of the S	tate of California that the	e foregoing paragraph is true
WITNESS my hand and of	fficial seal.	M		ADELINA R. LARSON Notary Public - California
Signature	<i>U</i>		(Seal)	San Diego County Commission # 2347047 My Comm. Expires Feb 15, 2025

 $iMail Affidavit Notary\_DiCaro\_LOGS$ 

Rev. 12/02/20



FILED: SCHOHARIE COUNTY CLERK 11/06/2023 02:37 PM

NYSCEF DOC. NO. 13

RECEIVED NYSCEF: 11/06/2023

INDEX NO. 2023-365

### AFFIDAVIT OF MAILING



Reference No:23-094447am Mailing Number: 0014540-01 STATE OF CALIFORNIA }SS **COUNTY OF SAN DIEGO Charlene Broussard** , declare as follows: I am and at all times herein mentioned, a citizen of the United States, over the age of eighteen years and a resident of San Diego County, California. That at the request of LOGS Legal Group, LLP on 10/30/2023, I deposited in the United States mail a copy of the attached document, in separate sealed envelopes, in accordance with the checked mailing classes defined below, postage prepaid, to the address list on exhibit A, attached hereto and made a part hereof. □Certified **⊠**First Class ☐ Certified Electronic Return Receipt ☐Certified Return ☐ Registered ☐ Registered International ☐ First Class with Certificate of Mailing Additional Services provided during the production of this mail order (if any): None I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. October 31 2023 San Diego, California **Affiant** Date and Place A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document. STATE OF CALIFORNIA **COUNTY OF SAN DIEGO** \_\_\_\_October 31 2023 \_ before me, <u>Adelina R</u>. Larson personally appeared Charlene Broussard, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on this instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct. WITNESS my hand and official seal. (Seal)



### ILED: SCHOHARIE COUNTY CLERK

NYSCEF DOC. NO. 13

### REQUEST FOR JUDICIAL INTERVENTION

SUPREME COURT, COUNTY OF SCHOHARIE

RECEIVED NYSCEF: 11/06/2023

UCS-840

INDEX NO. 2023-365

(rev. 02/01/2022)

Index No: 2023-365 Date Index Issued: October 4, 2023 For Court Use Only: Enter the complete case caption. Do not use et al or et ano. If more space is needed, attach a caption rider sheet. IAS Entry Date Wells Fargo Bank, N.A. Plaintiff(s)/Petitioner(s) against-Jarrett Chichester a/k/a Jarrett S. Chichester; New York State Department of Taxation and Finance, "JOHN DOE", said name being fictitious, it being the intention of Plaintiff to designate any and all occupants of Judge Assigned premises being foreclosed herein, and any parties, corporations or entities, if any, having or claiming an interest or lien upon the mortgaged premises, Defendant(s)/Respondent(s) **RJI Filed Date** Check only one box and specify where indicated.

MATRIMONIAL NATURE OF ACTION OR PROCEEDING: COMMERCIAL Business Entity (includes corporations, partnerships, LLC's, LLPs, etc.) ☐ Contested NOTE: If there are children under the age of 18, complete and attach the MATRIMONIAL RJI ADDENDUM (USC-840M). ☐ Contract ☐ Insurance (where insurance company is a party, except arbitration) For Uncontested Matrimonial actions, use the Uncontested Divorce RJI (UD-13). ☐ UCC (includes sales and negotiable instruments) **REAL PROPERTY** Specify how many properties the application includes: Other Commercial (specify) ☐ Condemnation NOTE: For Commercial Division assignment requests pursuant to 22 NYCRR 202.70(d), Mortgage Foreclosure (specify): 
 □ Residential □ Commercial complete and attach the COMMERCIAL DIVISION RJI Addendum (USC-840C) **TORTS** ☐ Asbestos ☐ Child Victims Act Property Address: 221 Main Street, Schoharie, NY 12157 ☐ Environmental (specify): \_\_\_\_\_ ☐ Medical, Dental or Podiatric Malpractice ☐ Motor Vehicle
☐ Products Liability (specify): **NOTE:** For Mortgage Foreclosure actions involving a one to four-family, owner-occupied residential property or owner-occupied condominium, complete and attach the FORECLOSURE RJI ADDENDUM (UCS-840F) ☐ Other Negligence (specify): ☐ Other Professional Malpractice (specify): NOTE: Complete and attach the PARTITION RJI ADDENDUM (UCS-840P). ☐ Other Tort (specify): ☐ Tax Certiorari (specify): Section: \_\_\_\_\_ Block: \_\_\_\_ Lot: \_ ☐ Tax Foreclosure ☐ Other Real Property (specify): OTHER MATTERS ☐ Certificate of Incorporation/Dissolution [see *NOTE* in **COMMERCIAL** section] SPECIAL PROCEEDINGS ☐ Emergency Medical Treatment  $\ \ \, \square \ \, \text{Child-Parent Security Act } \, (\textit{specify}) \\ : \ \ \, \square \ \, \text{Assisted Reproduction } \ \ \, \square \ \, \text{Surrogacy Agreement}$ ☐ Habeas Corpus [see NOTE in COMMERCIAL section] Local Court Appeal ☐ CPLR Article 75 – Arbitration CPLR Article 78 – Proceeding against a Body or Officer ☐ Mechanic's Lien ☐ Name Change/Sex Designation Change □ Election Law ☐ Extreme Risk Protection Order ☐ MHL Article 9.60 – Kendra's Law ☐ Pistol Permit Revocation Hearing ☐ Sale or Finance of Religious/Note-for-Profit Property ☐ MHL Article 10 – Sex Offender Confinement (specify): ☐ Initial ☐ Review ☐ MHL Article 81 (Guardianship) ☐ Other (specify): ☐ Other Mental Hygiene (specify): ☐ Other Special Proceeding (specify): STATUS OF ACTION OR PROCEEDING: Answer YES or NO for every question and enter additional information where indicated. YES NO Has a summons and complaint or summons with notice been filed? X If yes, date filed: 10/04/2023  $\boxtimes$  $\bar{\Box}$ Has a summons and complaint or summons with notice been served? If ves. date served: 10/23/2023 Is this action/proceeding being filed post-judgment?  $\boxtimes$ If yes, judgment date: NATURE OF JUDICIAL INTERVENTION: Check one box only and enter additional information where indicated ☐ Infant's Compromise □ Extreme Risk Protection Order Application ■ Note of Issue/Certificate of Readiness ☐ Notice of Medical, Dental or Podiatric Malpractice Date Issue Joined: ☐ Notice of Motion Relief Requested: Return Date: ☐ Notice of Petition Relief Requested: Return Date: ☐ Order to Show Cause Relief Requested: Return Date: ☐ Other Ex Parte Application Relief Requested: ☐ Partition Settlement Conference ☐ Poor Person Application ☐ Request for Preliminary Conference ☒ Residential Mortgage Foreclosure Settlement Conference ☐ Writ of Habeas Corpus ☐ Other (specify):



Case Title		Index/Ca	se Number	Court	Judge (if assigned) F	Relationship to insta	nt case
PART				lep" box and enter the paach the RJI ADDENDUM	arty's address, phone numb I (USC-840A).	per and e-mail in the spa	ace provided.
		Attorneys and U For represented par email. For unreprese		nrepresented Litigants: es, provide attorney's name nted parties, provide party's	firm name, address, phone an	Issue Joined d For each defendant, indicate if issue has been joined.	Insurance Carriers For each defendant, indicate insurance carrie if applicable
				w Loete 5 Legal Group LLP, 175 Mile Crossing Boulevard, Rochester, NY 8. (585) 247-9000			
	Jarrett Chichester Role(s): Defendant		221 Main Street, Schoharie, NY 12157			☐ YES ⊠ NO	
$\boxtimes$	New York State Department of Taxation and Finance Role(s): Defendant		WA Harriman Campus, Albany, NY 12227			☐ YES ⊠ NO	
$\boxtimes$	Lucy Chichester Role(s): Defendant		221 Main Street, S	choharie, NY 12157		☐ YES ⊠ NO	
			•			•	•

Andrew Loete

**Print Name** 

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A		A	R	M

6001218

**Attorney Registration Number** 

INDEX NO.

RECEIVED NYSCEF: 11,

NYSCEF DOC. NO. 13

Comments:

## **FORECLOSURE Request for Judicial Intervention Addendum**

	COURT, Supreme OF	COUNTY Schoharie		INDE	EX NO. 2023-365		
Fo	1. A one- to four-family owne	ctions where the property is: (check if er-occupied residential property,	fapplicable)	Instructions  If # 1 or # 2 is applicable:			
С	2. An owner-occupied cond	ominium.	Conference  Identify the  The Defendance	<ul> <li>Select "Residential Mortgage Foreclosure Settlement Conference" as the Nature of Judicial Intervention on the RJI</li> <li>Identify the mortgage servicer</li> <li>The Defendant/Respondent Information section below MUST be completed for all defendants and attached to the RJI.</li> </ul>			
_	ortgage Servicer: <u>Wells Fargo Bank,</u> EFENDANT/RESPONDENT INFORMAT	N.A.  FION: List parties in caption order. Attach	ch additional forms as	s necessary.			
	Last Name: Chichester	First Name: Jarrett		-	Secondary Phone: _ ( ) -		
	Address: 221 Main Street	Idress: 221 Main Street Schoharie (Street Address) (City		12157	e-mail:		
	Comments:	(6.1)	(class)	(State) (Zip) 90-day Notice [RPAPL § 1304(1)] mailed on: 05/23/2			
2.	New York State Department of Last Name: Taxation and Finance	of First Name:	Primary Pho	ne:	Secondary Phone: ( ) -		
	Address: WA Harriman Campus	Albany	NY	12227	e-mail:		
	Comments:	ress) (City	(State)	90-day Notice	[RPAPL § 1304(1)] mailed on:		
3.	Last Name: Chichester	First Name: Lucy	Primary Pho	ne:	Secondary Phone: ( ) -		
	Address: 221 Main Street	Schoharie	NY	12157	e-mail:		
	(Street Add	ress) (City	(State)	(Zip)			

ATTENTION: Proof of service must be filed with this RJI for each defendant upon whom a summons and complaint or summons with notice has been served. [CPLR § 3408]

90-day Notice [RPAPL § 1304(1)] mailed on:



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