

No. _____

IN THE
SUPREME COURT OF THE UNITED STATES

FRANK DEVILLE ET AL-PETITIONER(S)

VS.

WELLS FARGO HOME MORTGAGE ET AL- RESPONDENT(S)

CERTIFICATE OF SERVICE

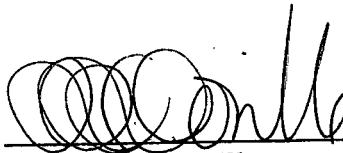
FRANK DEVILLE
DEE ANETIONETTE DEVILLE
PO BOX 2042
GLENORA CA 91740
(909)921-6499

Petitioner(s), Pro Se

CERTIFICATE OF SERVICE

I, hereby certify that on the 28 of January a copy of the foregoing petition for Writ of Certiorari, Proof of Service, Motion for leave to proceed in Forma Pauperis was filed with the clerk of the court for the Court of the United States Supreme Court this would be accomplished by using United States Post Office Mail by certified mail. Notarized document Attached:

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Dominique Deville', written over a horizontal line.

Dominique Deville
Po box 2042
Glendora, Ca. 91740
(909)921-6499

See attached form.

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

CIVIL CODE § 1189

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 Bernardino)

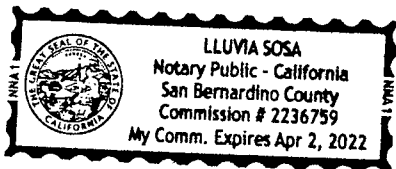
On 01/28/2020 before me, Lluvia Sosa, Notary
Date Here Insert Name and Title of the Officer

personally appeared Dominique Danyelle Deron Deville
Name(s) of Signer(s)

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 the 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.



Signature [Signature]
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Certificate of Service Document Date: 01/28/2020
Number of Pages: 2 Signer(s) Other Than Named Above: 0

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☒ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____

Signer's Name: _____
☐ Corporate Officer — Title(s): _____
☐ Partner — ☐ Limited ☐ General
☐ Individual ☐ Attorney in Fact
☐ Trustee ☐ Guardian or Conservator
☐ Other: _____
Signer Is Representing: _____