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5 Facsimile: (415) 433-5530

6 Attorneys for Defendants/Cross-Complainants  
Don Wong and Mar Shee Wong, as Trustees of  
7 the Wahong Bill Wong Bypass Trust, under  
Declaration of Trust dated June 20, 1997  
8

9 UNITED STATES DISTRICT COURT

10 NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION  
11

12 CRAIG YATES,

13 Plaintiff,

14 vs.

15 GORDO TAQUERIA #1, INC.,; and DON  
WONG and MAR SHEE WONG, as Trustees  
16 of the WAHONG BILL WONG BYPASS  
TRUST, under Declaration of Trust dated June  
17 20, 1997,

18 Defendants.

19 And related cross-actions.  
20

CASE NO. CV-10-2485-BZ

**NOTICE OF CHANGE IN COUNSEL  
AND [~~PROPOSED~~] ORDER**

Judge: Hon. Bernard Zimmerman  
Trial Date: Not set

21 TO THE COURT, ALL PARTIES OF RECORD AND THEIR ATTORNEYS:

22 PLEASE TAKE NOTICE that Defendants/Cross-Complainants Don Wong and Mar Shee  
23 Wong, as Trustees of the Wahong Bill Wong Bypass Trust, under Declaration of Trust dated June  
24 20, 1997 ("the Wongs"), hereby request the following change in counsel:

25 The Wongs' former attorney of record Brennan J. Newsom passed away on or about  
26 November 11, 2010. (See Declaration of William J. Newsom, attached hereto and incorporated by  
27 reference herein.) The Wongs hereby request the Court approve the substitution of the following  
28 attorneys as attorneys of record in the place and stead of Brennan J. Newsom (now deceased):

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Jeffery P. Woo  
Harrison T. Nam  
Cooper, White & Cooper LLP  
201 California St., 17th Fl., San Francisco, CA, 94111  
telephone: (415) 433-1900; facsimile: (415) 433-5530  
e-mail: jwoo@cwclaw.com; hnam@cwclaw.com

We consent to the substitution.

DATED: March 24, 2011

WAHONG BILL WONG BYPASS TRUST.

By: Don Wong and Mar Shee Wong  
Don Wong and Mar Shee Wong, Trustee of the  
WAHONG BILL WONG BYPASS TRUST,  
under Declaration of Trust dated June 20, 1997,  
Defendants/Cross-Complainants

I consent to the substitution.

DATED: March 25, 2011

COOPER, WHITE & COOPER LLP

By: Jeffery P. Woo  
Jeffery P. Woo, Esq.  
New Counsel for Defendants/Cross-  
Complainants DON WONG and MAR SHEE  
WONG, as Trustees of the WAHONG BILL  
WONG BYPASS TRUST, under Declaration  
of Trust dated June 20, 1997

I consent to the substitution.

DATED ; March 23, 2011

By: William A. Newsom  
William A. Newsom, Esq.  
Executor of the Estate of Brennan J. Newsom,  
Former Counsel for Defendants/Cross-  
Complainants DON WONG and MAR SHEE  
WONG, as Trustees of the WAHONG BILL  
WONG BYPASS TRUST, under Declaration  
of Trust dated June 20, 1997

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ORDER

IT IS ORDERED that the request of Defendants/Cross-Complainants Don Wong and Mar Shee Wong, as Trustees of the Wahong Bill Wong Bypass Trust, under Declaration of Trust dated June 20, 1997, to substitute the following attorneys as attorneys of record in place and stead of Brennan J. Newsom (now deceased) is hereby GRANTED:

Jeffery P. Woo  
Harrison T. Nam  
Cooper, White & Cooper LLP  
201 California St., 17th Fl., San Francisco, CA, 94111  
telephone: (415) 433-1900; facsimile: (415) 433-5530  
e-mail: jwoo@cwclaw.com; hnam@cwclaw.com

Dated: April 4, 2011

  
HON. BERNARD ZIMMERMAN  
United States Magistrate Judge

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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA, SAN FRANCISCO DIVISION

CRAIG YATES,  
Plaintiff,  
vs.  
GORDO TAQUERIA #1, INC.; DON WONG  
and MAR SHEE WONG, as Trustees of the  
WAHONG BILL WONG BYPASS TRUST,  
under Declaration of Trust dated June 20,  
1997,  
Defendants.

CASE NO. CV-10-2485-BZ

**DECLARATION OF WILLIAM J.  
NEWSOM REGARDING SUBSTITUTION  
OF COUNSEL**

I, William J. Newsom, declare:

1. I am over 18 years of age, and personally familiar with the facts set forth in this declaration. If called as a witness I could and would competently testify to the matters stated herein.
2. On November 11, 2010, my father Brennan J. Newsom ("Mr. Newsom") passed away after an extended fight with lung cancer. A death certificate is attached hereto as Exhibit A.
3. Mr. Newsom was the attorney of record for Defendants.
4. My brother Eric and I were designated co-trustees of Mr. Newsom's trust and executors of his estate.

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5. My brother and I returned all of the Defendants' files and advised them to obtain new counsel.

6. Defendants have obtained new counsel to represent them in the above captioned matter and wish to them as counsel of record.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on March 23, 2011, at San Francisco, California.

  
\_\_\_\_\_  
William J. Newsom

# **Exhibit A**

STATE OF CALIFORNIA  
**CERTIFICATION OF VITAL RECORD**

**COUNTY OF MARIN**  
 SAN RAFAEL, CALIFORNIA

**CERTIFICATE OF DEATH**

3201021001674

STATE FILE NUMBER		DATE OF CALIFORNIA		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) <b>BRENNAN</b>		2. MIDDLE <b>JOHN</b>		3. LAST (Family) <b>NEWSOM</b>	
AKA, ALSO KNOWN AS - include full AKA (FIRST, MIDDLE, LAST)		4. DATE OF BIRTH mm/dd/yyyy <b>02/25/1938</b>		5. AGE Yrs. Mths. Ds. <b>72</b>	
9. BIRTH STATE/FOREIGN COUNTRY <b>CA</b>		10. SOCIAL SECURITY NUMBER <b>550-50-0337</b>		11. EVER IN U.S. ARMED FORCES? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
13. EDUCATION - Highest Level Degree (See worksheet on back) <b>DOCTORATE</b>		14. WAS DECEDENT HISPANIC/LATINO/SPANISH? (If yes, see worksheet on back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. MARITAL STATUS/SHIP or law of (State) <b>DIVORCED</b>	
17. USUAL OCCUPATION - type of work for most of life, DO NOT USE RETIRED <b>SELF EMPLOYED</b>		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) <b>LAWYER</b>		7. DATE OF DEATH mm/dd/yyyy <b>11/11/2010</b>	
20. DECEDENT'S RESIDENCE (Street and number, or location) <b>316 DONAHUE STREET</b>		21. CITY <b>SAUSALITO</b>		22. COUNTY/PROVINCE <b>MARIN</b>	
23. ZIP CODE <b>94965</b>		24. YEARS IN COUNTY <b>34</b>		25. STATE/FOREIGN COUNTRY <b>CA</b>	
26. INFORMANT'S NAME, RELATIONSHIP <b>ERIC NEWSOM, SON</b>		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, ZIP and state) <b>401 REDWOOD AVENUE, CORTE MADERA, CA 94925</b>			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST <b>-</b>		29. MIDDLE <b>-</b>		30. LAST (BIRTH NAME) <b>-</b>	
31. NAME OF FATHER/PARENT - FIRST <b>WILLIAM</b>		32. MIDDLE <b>ALFRED</b>		33. LAST <b>NEWSOM</b>	
34. BIRTH STATE <b>CA</b>		35. NAME OF MOTHER/PARENT - FIRST <b>CHRISTINE</b>		36. MIDDLE <b>-</b>	
37. LAST (BIRTH NAME) <b>BRENNAN</b>		38. BIRTH STATE <b>CA</b>		39. YEARS IN OCCUPATION <b>40</b>	
29. DISPOSITION DATE mm/dd/yyyy <b>11/19/2010</b>		40. PLACE OF FINAL DISPOSITION <b>DUTCH FLAT CEMETERY</b>			
41. TYPE OF DISPOSITION <b>CR/BU</b>		42. SIGNATURE OF EMBALMER <b>EDWARD LEON</b>		43. LICENSE NUMBER <b>EMB8320</b>	
44. NAME OF FUNERAL ESTABLISHMENT <b>MONTE'S CHAPEL OF THE HILLS</b>		45. LICENSE NUMBER <b>FD602</b>		46. SIGNATURE OF LOCAL REGISTRAR <b>FRED S SCHWARTZ, MD</b>	
47. DATE mm/dd/yyyy <b>11/18/2010</b>		48. LICENSE NUMBER <b>EMB8320</b>			
101. PLACE OF DEATH <b>KAISER PERMANENTE HOSPITAL</b>		102. IF HOSPITAL, SPECIFY ONE <input checked="" type="checkbox"/> IP <input type="checkbox"/> EBYCP <input type="checkbox"/> OSA <input type="checkbox"/> Home/USG <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Home/USG <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other	
104. COUNTY <b>MARIN</b>		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) <b>99 MONTECILLO ROAD</b>		106. CITY <b>SAN RAFAEL</b>	
107. CAUSE OF DEATH Enter the direct events - General, Medical, or Contributory - that directly caused death. DO NOT enter legal events such as cardiac arrest, respiratory arrest, or venipuncture fixation without showing the etiology. O2/NM1/ABREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) <b>RESPIRATORY FAILURE</b> CAUSE (Specify date, sex, condition, if any leading to cause on Line A. Enter COMPLETELY. CAUSE (Specify date of injury that initiated the event resulting in death) LAST <b>METASTATIC CANCER TO LUNG</b>		108. LEICHTER-FRICHTOFF TO CORONER? (YES/NO) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		109. BISEXY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
110. AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DELETING CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 <b>NONE</b>	
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date) <b>NO</b>		114. SIGNATURE AND TITLE OF CERTIFIER <b>MARK ROGER TAYLOR M.D.</b>			
115. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE <b>AIRI HEIDI KOPPEROINEN M.D.</b>		116. LICENSE NUMBER <b>G79457</b>		117. DATE mm/dd/yyyy <b>11/17/2010</b>	
118. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accidental <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Hanging <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		119. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		120. INJURY DATE mm/dd/yyyy	
121. HOUR (24 Hours)		122. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
123. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
124. LOCATION OF INJURY (Street and number or location, and city, state and ZIP)					
125. SIGNATURE OF CORONER / DEPUTY CORONER		126. DATE mm/dd/yyyy		127. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT		*010001001637205*			

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORD SECTION, MARIN COUNTY PUBLIC HEALTH DEPARTMENT.

*Fred S. Schwartz, M.D.*  
 Fred S. Schwartz, M.D.  
 Marin County, California

11/19/2010  
 DATE ISSUED

This copy is not valid unless prepared on an engraved border, displaying date, seal and signature of the County Health Officer.

PHS 414-112

