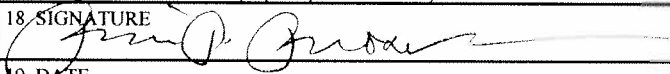


AO 435 (Rev. 04/11)		Administrative Office of the United States Courts			FOR COURT USE ONLY	
TRANSCRIPT ORDER				DUE DATE:		
<i>Please Read Instructions:</i>						
1. NAME Brian P. Brosnahan		2. PHONE NUMBER (415) 421-6140		3. DATE 4/3/2012		
4. MAILING ADDRESS 101 California Street, Suite 2300		5. CITY San Francisco		6. STATE CA	7. ZIP CODE 94111	
8. CASE NUMBER 2:10-cv-09198-JVS -RNB		9. JUDGE James V. Selna		DATES OF PROCEEDINGS		
12. CASE NAME Walker, et al. v. Life Insurance Co. of the Southwest		10. FROM 3/30/2012		11. TO 3/30/2012		
				LOCATION OF PROCEEDINGS		
		13. CITY Santa Ana		14. STATE CA		
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		Ex Parte Motion 3/30/12
<input type="checkbox"/> SENTENCING						
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE 				PROCESSED BY		
19. DATE 4/3/2012				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00