

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEW MEXICO

UNITED STATES OF AMERICA)
and)
STATE OF NEW MEXICO, *ex rel.* STATE)
ENGINEER,)
)
Plaintiffs,)
)
and)
)
ZUNI INDIAN TRIBE, NAVAJO NATION,)
)
Plaintiffs in Intervention,)
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)
)
)
)
)
)
v.)
)
A & R PRODUCTIONS, et al.)
)
)
Defendants.)
)

No. 01cv00072 MV/LFG

ZUNI RIVER BASIN
ADJUDICATION

DECLARATION OF YVONNE
M. MARSH IN SUPPORT
OF PLAINTIFFS' MOTION
FOR DEFAULT JUDGMENT

Subfile No. ZRB-5-0019

I, Yvonne M. Marsh, am employed as a Paralegal Specialist with the Department of Justice and have been assigned to work in support of counsel for the United States in the above-captioned case.

A. Pursuant to the *Procedural and Scheduling Order for the Adjudication of Water Rights Claims Ramah Sub-Area* (Doc. No. 954), Defendants in the Zuni River Basin Adjudication were provided a service packet that included a proposed Consent Order, Request for Consultation form, Notice of Water Rights Adjudication, and if the Defendants had not been served process or had not voluntarily waived such service, a copy of the Amended 2003

Complaint, a Request for Waiver of Service of Summons, and two copies of a Waiver of Service of Summons with a prepaid return envelope. The packet also included a letter from the United States explaining the purpose of the forms and to whom and when documents were to be mailed or provided if the Defendants chose to respond. The documents were mailed to the Defendant's mailing address via certified mail, return receipt requested.

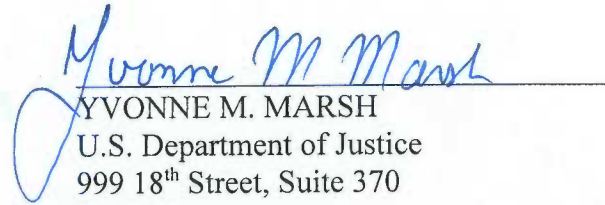
B. The service packet to Olin Clawson and Jacki Clawson (ZRB-5-0019), was mailed to the Defendants' address of record. The original Postal Service Form 3811, Domestic Return Receipt was returned signed and dated April 12, 2007. A copy of Postal Service Form 3811 is attached to this declaration.

C. In addition, revised consent orders were mailed to the Defendants' address of record in July 2007 and May 2012. The original Postal Service Forms 3811, Domestic Return Receipts were returned signed and dated July 9, 2007 and May 7, 2012. Copies of Postal Service Forms 3811 are attached to this declaration.

D. Pursuant to the Servicemembers Civil Relief Act, 50 App. U.S.C.A. § 521 (2012), a search was conducted in the following databases to determine if Defendants, Olin Clawson and Jacki Clawson, are currently in active military service: Westlaw - People Finder, LexisNexis - Military Finder, and the Servicemembers Civil Relief Act (SCRA) website. These sources do not indicate that the Defendants are on active military duty status.

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

Dated: March 5, 2013


YVONNE M. MARSH
U.S. Department of Justice
999 18th Street, Suite 370
South Terrace
Denver, CO 80202
(303) 844-1355

2RB-5-0019

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">OLIN CLAWSON OR JACKI CLAWSON P.O. BOX 381 RAMAH, NM 87321</p>	<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 4/12/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">APR 12 2007</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7005 1820 0005 4743 9810</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

2RB-5-0019

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p style="text-align: center;">Com C</p> <ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Olin Clawson or Jacki Clawson P.O. Box 381 Ramah, NM 87321</p>	<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 7/9/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUL 09 2007</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7005 1820 0005 4749 5496</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

2RB-5-0019

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<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. <p>1. Article Addressed to:</p> <p style="text-align: center;">Olin Clawson Jacki Clawson P.O. Box 381 Ramah, NM 87321</p>	<p>A. Signature <input checked="" type="checkbox"/> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery 5.7.12</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>