

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                |                               |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |
|   |                                | CASE NUMBER:<br>CIV-DS1935422 |

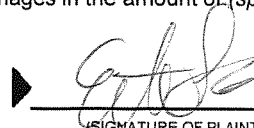
To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Marcia McHugh, Heir at Law/Succ. in Interest to Joseph McHugh, Deceased  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....  | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....  | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....  | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ _____         |
| e. <input type="checkbox"/> Property damage .....   | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....   | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                       | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                             | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$


## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:


I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

  
 (SIGNATURE)

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

  
 (SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
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|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Stormont - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                |                               |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |
|   |                                | CASE NUMBER:<br>CIV-DS1935422 |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Grace McHugh, Heir at Law/Succ. in Interest to Joseph McHugh, Deceased  
 seeks damages in the above-entitled action, as follows:

- |  | AMOUNT           |
|--|------------------|
| <b>1. General damages</b>  |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....   | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....                                       | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |                  |
| <b>2. Special damages</b>  |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....   | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....   | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ _____         |
| e. <input type="checkbox"/> Property damage .....  | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                    | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                          | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. | \$ 10,000,000.00 |

when pursuing a judgment in the suit filed against you.

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (SIGNATURE)

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|   |                                |   |
|---|--------------------------------|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br>CASE NUMBER:<br>CIV-DS1935422 |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                |   |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |   |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |   |

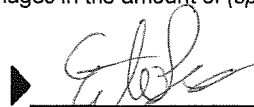
To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): A.H., a Minor, by & through his Guardian ad Litem, Maria Monroy  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress. ....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$               |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$               |
| e. <input type="checkbox"/> Other (specify) .....   | \$               |
| f. <input type="checkbox"/> Other (specify) .....   | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 500,000.00    |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 1,000,000.00  |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$               |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 5,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$               |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$               |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$               |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$               |
| i. <input type="checkbox"/> Other (specify) .....   | \$               |
| j. <input type="checkbox"/> Other (specify) .....   | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

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- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff, marshal, or constable use only)  
 I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)




(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
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|   |                                |  |
|---|--------------------------------|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                | CASE NUMBER:<br>CIV-DS1935422                              |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |  |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |  |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): James Woods, Jr.  
 seeks damages in the above-entitled action, as follows:

|   | AMOUNT   |
|---|--|
| <b>1. General damages</b>   |  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00   |
| b. <input checked="" type="checkbox"/> Emotional distress .....   | \$ 10,000,000.00   |
| c. <input type="checkbox"/> Loss of consortium .....  | \$   |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$   |
| e. <input type="checkbox"/> Other (specify) .....   | \$   |
| f. <input type="checkbox"/> Other (specify) .....   | \$   |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |  |
| <b>2. Special damages</b>   |  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 500,000.00  |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 1,000,000.00  |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) .....   | \$ 250,000.00  |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 5,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$   |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$   |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$   |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$   |
| i. <input type="checkbox"/> Other (specify) .....   | \$   |
| j. <input type="checkbox"/> Other (specify) .....   | \$   |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00  |
| when pursuing a judgment in the suit filed against you.   |  |
| Date: September 2, 2020   |  |
| ESTEE LEWIS   | <br>(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF) |

(TYPE OR PRINT NAME)

(Proof of service on reverse)

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

### PROOF OF SERVICE

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the

a. ☐ Statement of Damages ☐ Other (specify):

b. on (name):

c. by serving ☐ defendant ☐ other (name and title or relationship to person served):

d. ☐ by delivery ☐ at home ☐ at business

(1) date:

(2) time:

(3) address:

e. ☐ by mailing

(1) date:

(2) place:

2. Manner of service (check proper box):

a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)

b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))

c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**

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e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**

f. ☐ **Other (specify code section):**

☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

a. ☐ California sheriff, marshal, or constable

b. ☐ Registered California process server

c. ☐ Employee or independent contractor of a registered California process server

d. ☐ Not a registered California process server

e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

**(For California sheriff, marshal, or constable use only)**

I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)



- DO NOT FILE WITH THE COURT -

- UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

|   |                                |   |
|---|--------------------------------|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br><br>CASE NUMBER:<br>CIV-DS1935422 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                |   |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |   |
| STATEMENT OF DAMAGES<br>(Personal Injury or Wrongful Death)   |                                |   |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): James Woods, Sr.  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress .....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$               |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$               |
| e. <input type="checkbox"/> Other (specify) .....   | \$               |
| f. <input type="checkbox"/> Other (specify) .....   | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 150,000.00    |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 500,000.00    |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) .....   | \$ 250,000.00    |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 1,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$               |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$               |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$               |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$               |
| i. <input type="checkbox"/> Other (specify) .....   | \$               |
| j. <input type="checkbox"/> Other (specify) .....   | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020  
 ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
  - a. ☐ Statement of Damages ☐ Other (specify):
  - b. on (name):
  - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
  - d. ☐ by delivery ☐ at home ☐ at business
    - (1) date:
    - (2) time:
    - (3) address:
  - e. ☐ by mailing
    - (1) date:
    - (2) place:
2. Manner of service (check proper box):
  - a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
  - b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
  - c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
  - d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
  - e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
  - f. ☐ **Other (specify code section):**  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**  
I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                |                               |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                | CASE NUMBER:<br>CIV-DS1935422 |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Tiffany Phommathep  
 seeks damages in the above-entitled action, as follows:

|   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress. ....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$               |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$               |
| e. <input type="checkbox"/> Other (specify) .....   | \$               |
| f. <input type="checkbox"/> Other (specify) .....   | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 500,000.00    |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 2,000,000.00  |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) .....   | \$ 250,000.00    |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 5,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$               |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$               |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$               |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$               |
| i. <input type="checkbox"/> Other (specify) .....   | \$               |
| j. <input type="checkbox"/> Other (specify) .....   | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |
| Date: September 2, 2020<br>ESTEE LEWIS  |                  |

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |   |
|---|--------------------------------|---|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br>CASE NUMBER:<br>CIV-DS1935422 |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                |   |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |   |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |   |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): J.P., II, a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHEP  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| 1. <b>General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress. ....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$               |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$               |
| e. <input type="checkbox"/> Other (specify) .....   | \$               |
| f. <input type="checkbox"/> Other (specify) .....   | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| 2. <b>Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 50,000.00     |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 100,000.00    |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$               |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 1,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$               |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$               |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$               |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$               |
| i. <input type="checkbox"/> Other (specify) .....   | \$               |
| j. <input type="checkbox"/> Other (specify) .....   | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
  - a. ☐ Statement of Damages ☐ Other (specify):
  - b. on (name):
  - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
  - d. ☐ by delivery ☐ at home ☐ at business
    - (1) date:
    - (2) time:
    - (3) address:
  - e. ☐ by mailing
    - (1) date:
    - (2) place:
2. Manner of service (check proper box):
  - a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
  - b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
  - c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
  - d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
  - e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
  - f. ☐ **Other (specify code section):**  
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
  - a. ☐ California sheriff, marshal, or constable
  - b. ☐ Registered California process server
  - c. ☐ Employee or independent contractor of a registered California process server
  - d. ☐ Not a registered California process server
  - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
  - f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                |                               |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |
|   |                                | CASE NUMBER:<br>CIV-DS1935422 |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): J.P., a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHEP  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress .....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$ _____         |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$ _____         |
| e. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 100,000.00    |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 150,000.00    |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 1,000,000.00  |
| e. <input type="checkbox"/> Property damage .....   | \$ _____         |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$ _____         |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$ _____         |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$ _____         |
| i. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020  
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ **Other (specify code section):**  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)



- UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -

CIV-050

|   |  |                                |                    |
|---|--|--------------------------------|--------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff |  | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO  |  |                                |                    |
| STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210  |  |                                |                    |
| MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:  |  |                                |                    |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |  | CASE NUMBER:<br>CIV-DS1935422  |                    |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
Plaintiff (name of one plaintiff only): John Phommathep  
seeks damages in the above-entitled action, as follows:

1. General damages

- |   | AMOUNT           |
|---|------------------|
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....                              | \$ .....         |
| b. <input type="checkbox"/> Emotional distress .....  | \$ .....         |
| c. <input checked="" type="checkbox"/> Loss of consortium .....                                   | \$ .....         |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) ..... | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....   | \$ .....         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ .....         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  | \$ .....         |

2. Special damages

- |  |          |
|--|----------|
| a. <input type="checkbox"/> Medical expenses (to date) .....   | \$ ..... |
| b. <input type="checkbox"/> Future medical expenses (present value) .....                                      | \$ ..... |
| c. <input type="checkbox"/> Loss of earnings (to date) .....   | \$ ..... |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....                              | \$ ..... |
| e. <input type="checkbox"/> Property damage .....  | \$ ..... |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....                               | \$ ..... |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....           | \$ ..... |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) ..... | \$ ..... |
| i. <input type="checkbox"/> Other (specify) .....  | \$ ..... |
| j. <input type="checkbox"/> Other (specify) .....  | \$ ..... |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   | \$ ..... |

3. ☐ Punitive damages: Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ .....
- Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

(Proof of service on reverse)

(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

STATEMENT OF DAMAGES  
(Personal Injury or Wrongful Death)

Page 1 of 2

Code of Civil Procedure, §§ 425.11, 425.115  
www.courtinfo.ca.gov

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

a. ☐ Statement of Damages ☐ Other (specify):

b. on (name):

c. by serving ☐ defendant ☐ other (name and title or relationship to person served):d. ☐ by delivery ☐ at home ☐ at business

(1) date:

(2) time:

(3) address:

e. ☐ by mailing

(1) date:

(2) place:

## 2. Manner of service (check proper box):

a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) (Attach completed acknowledgment of receipt.)e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)f. ☐ Other (specify code section):☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable  
b. ☐ Registered California process server  
c. ☐ Employee or independent contractor of a registered California process server  
d. ☐ Not a registered California process server  
e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(For California sheriff, marshal, or constable use only)

I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): N.P., a Minor, through their Guardian ad Litem, TIFFANY PHOMMATHEP  
 seeks damages in the above-entitled action, as follows:


- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress .....   | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....  | \$               |
| d. <input type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$               |
| e. <input type="checkbox"/> Other (specify) .....   | \$               |
| f. <input type="checkbox"/> Other (specify) .....   | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....   | \$ 2,500.00      |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....  | \$ 25,000.00     |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$               |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ 500,000.00    |
| e. <input type="checkbox"/> Property damage .....   | \$               |
| f. <input type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$               |
| g. <input type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$               |
| h. <input type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$               |
| i. <input type="checkbox"/> Other (specify) .....   | \$               |
| j. <input type="checkbox"/> Other (specify) .....   | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |

when pursuing a judgment in the suit filed against you.

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

a. ☐ Statement of Damages ☐ Other (specify):

b. on (name):

c. by serving ☐ defendant ☐ other (name and title or relationship to person served):d. ☐ by delivery ☐ at home ☐ at business

(1) date:

(2) time:

(3) address:

e. ☐ by mailing

(1) date:

(2) place:

## 2. Manner of service (check proper box):

a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**f. ☐ Other (specify code section):☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable  
b. ☐ Registered California process server  
c. ☐ Employee or independent contractor of a registered California process server  
d. ☐ Not a registered California process server  
e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**

I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |  |
|---|--------------------------------|--|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY<br><br><br><br><br><br><br><br><br><br> |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                | CASE NUMBER:<br>CIV-DS1935422                              |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |  |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |  |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Michael Elliott, Ind. & Heir/Succ. In Int. to Daniel L. Elliott II & Diana Steele, Dec.  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....  | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....  | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....  | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ _____         |
| e. <input type="checkbox"/> Property damage .....   | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....   | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                       | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                             | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$


5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:



(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**

I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Bob Steele, Dep. Adult by GAL, David Steele, Heir/Succ. Int. to Diana Steele, Dec.  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ _____         |
| b. <input type="checkbox"/> Emotional distress. ....  | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....  | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....  | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....  | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ _____         |
| e. <input type="checkbox"/> Property damage .....   | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....   | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                       | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                             | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
  - a. ☐ Statement of Damages ☐ Other (specify):
  - b. on (name):
  - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
  - d. ☐ by delivery ☐ at home ☐ at business
    - (1) date:
    - (2) time:
    - (3) address:
  - e. ☐ by mailing
    - (1) date:
    - (2) place:
2. Manner of service (check proper box):
  - a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
  - b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
  - c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
  - d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
  - e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
  - f. ☐ Other (specify code section):  
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
  - a. ☐ California sheriff, marshal, or constable
  - b. ☐ Registered California process server
  - c. ☐ Employee or independent contractor of a registered California process server
  - d. ☐ Not a registered California process server
  - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
  - f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_

(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**

I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_

(SIGNATURE)



**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): G.E., Ind. & Heir/Succ. In Int. to Daniel Lee Elliott II & Diana Steele, Deceased  
 seeks damages in the above-entitled action, as follows:

- |   | AMOUNT           |
|---|------------------|
| <b>1. General damages</b>   |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....  | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....  | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.  |                  |
| <b>2. Special damages</b>   |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....  | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ _____         |
| e. <input type="checkbox"/> Property damage .....   | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....   | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                       | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                             | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....   | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ | 10,000,000.00    |
| when pursuing a judgment in the suit filed against you.   |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business
- (1) date:
- (2) time:
- (3) address:
- e. ☐ by mailing
- (1) date:
- (2) place:
2. Manner of service (check proper box):
- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):
- ☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**(For California sheriff, marshal, or constable use only)**  
I certify that the foregoing is true and correct.

Date:

Date:

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): M.E., Ind. & Heir/Succ. In Int. to Daniel Lee Elliott II & Diana Steele, Deceased  
 seeks damages in the above-entitled action, as follows:

- |  | AMOUNT           |
|--|------------------|
| 1. <b>General damages</b>  |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....   | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....                                       | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |                  |
| 2. <b>Special damages</b>  |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....   | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....   | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ _____         |
| e. <input type="checkbox"/> Property damage .....  | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                    | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                          | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. | \$ 10,000,000.00 |
| when pursuing a judgment in the suit filed against you.  |                  |

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

Date:

\_\_\_\_\_  
 (SIGNATURE)

\_\_\_\_\_  
 (SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD, LLP / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiffs | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:                    |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Troy McFadyen, Ind. & Heir/Succ. In Interest to Michelle McFadyen, Deceased  
 seeks damages in the above-entitled action, as follows:

- |  | AMOUNT           |
|--|------------------|
| <b>1. General damages</b>  |                  |
| a. <input checked="" type="checkbox"/> Pain, suffering, and inconvenience .....  | \$ 10,000,000.00 |
| b. <input checked="" type="checkbox"/> Emotional distress. ....  | \$ 10,000,000.00 |
| c. <input type="checkbox"/> Loss of consortium .....   | \$               |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....                                       | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....  | \$               |
| f. <input type="checkbox"/> Other (specify) .....  | \$               |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |                  |
| <b>2. Special damages</b>  |                  |
| a. <input checked="" type="checkbox"/> Medical expenses (to date) .....  | \$ 500,000.00    |
| b. <input checked="" type="checkbox"/> Future medical expenses (present value) .....   | \$ 1,000,000.00  |
| c. <input checked="" type="checkbox"/> Loss of earnings (to date) .....  | \$ 250,000.00    |
| d. <input checked="" type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ 1,000,000.00  |
| e. <input type="checkbox"/> Property damage .....  | \$               |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....                                    | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....                          | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....  | \$               |
| j. <input type="checkbox"/> Other (specify) .....  | \$               |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. | \$ 10,000,000.00 |

when pursuing a judgment in the suit filed against you.

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

a. ☐ Statement of Damages ☐ Other (specify):

b. on (name):

c. by serving ☐ defendant ☐ other (name and title or relationship to person served):d. ☐ by delivery ☐ at home ☐ at business

(1) date:

(2) time:

(3) address:

e. ☐ by mailing

(1) date:

(2) place:

## 2. Manner of service (check proper box):

a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable  
b. ☐ Registered California process server  
c. ☐ Employee or independent contractor of a registered California process server  
d. ☐ Not a registered California process server  
e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:




(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**

I certify that the foregoing is true and correct.

Date:



(SIGNATURE)

**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO<br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:              |                                |                               |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |
|   |                                | CASE NUMBER:<br>CIV-DS1935422 |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Sia Bow, Heir at Law/Succ. in Interest to Michelle McFadyen, Deceased  
 seeks damages in the above-entitled action, as follows:

- |  | AMOUNT           |
|--|------------------|
| <b>1. General damages</b>  |                  |
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ _____         |
| b. <input type="checkbox"/> Emotional distress .....   | \$ _____         |
| c. <input type="checkbox"/> Loss of consortium .....   | \$ _____         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) .....   | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| f. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |                  |
| <b>2. Special damages</b>  |                  |
| a. <input type="checkbox"/> Medical expenses (to date) .....   | \$ _____         |
| b. <input type="checkbox"/> Future medical expenses (present value) .....  | \$ _____         |
| c. <input type="checkbox"/> Loss of earnings (to date) .....   | \$ _____         |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....  | \$ _____         |
| e. <input type="checkbox"/> Property damage .....  | \$ _____         |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....  | \$ 50,000.00     |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....  | \$ 5,000,000.00  |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) .....  | \$ 5,000,000.00  |
| i. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| j. <input type="checkbox"/> Other (specify) .....  | \$ _____         |
| k. <input type="checkbox"/> Continued on Attachment 2.k.   |                  |
| 3. <input checked="" type="checkbox"/> <b>Punitive damages:</b> Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ 10,000,000.00<br>when pursuing a judgment in the suit filed against you. |                  |

Date: September 2, 2020  
 ESTEE LEWIS

(TYPE OR PRINT NAME)



(SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

1. I served the
  - a. ☐ Statement of Damages ☐ Other (specify):
  - b. on (name):
  - c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
  - d. ☐ by delivery ☐ at home ☐ at business
    - (1) date:
    - (2) time:
    - (3) address:
  - e. ☐ by mailing
    - (1) date:
    - (2) place:
2. Manner of service (check proper box):
  - a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
  - b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
  - c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
  - d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
  - e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
  - f. ☐ Other (specify code section):  
☐ additional page is attached.
3. At the time of service I was at least 18 years of age and not a party to this action.
4. Fee for service: \$
5. Person serving:
  - a. ☐ California sheriff, marshal, or constable
  - b. ☐ Registered California process server
  - c. ☐ Employee or independent contractor of a registered California process server
  - d. ☐ Not a registered California process server
  - e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)
  - f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(SIGNATURE)

**(For California sheriff, marshal, or constable use only)**  
I certify that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(SIGNATURE)



**- DO NOT FILE WITH THE COURT -**  
**-UNLESS YOU ARE APPLYING FOR A DEFAULT JUDGMENT UNDER CODE OF CIVIL PROCEDURE § 585 -**

|   |                                |                               |
|---|--------------------------------|-------------------------------|
| ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):<br>Brandon Storment - SBN 267260<br>Estee Lewis - SBN 268358<br>BARR & MUDFORD / P.O. Box 994390<br>Redding, CA 96099-4390<br>ATTORNEY FOR (name): Plaintiff | TELEPHONE NO.:<br>530-243-8008 | FOR COURT USE ONLY            |
| <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BERNARDINO</b><br>STREET ADDRESS: 247 W. Third Street, 3rd Floor, 0210<br>MAILING ADDRESS:<br>CITY AND ZIP CODE: San Bernardino, CA 92415-0210<br>BRANCH NAME:       |                                | CASE NUMBER:<br>CIV-DS1935422 |
| PLAINTIFF: TROY MCFADYEN, et al.<br>DEFENDANT: GHOST GUNNER INC., et al.  |                                |                               |
| <b>STATEMENT OF DAMAGES</b><br><b>(Personal Injury or Wrongful Death)</b>   |                                |                               |

To (name of one defendant only): Bob Beezley, d/b/a RBTacticaltooling.com  
 Plaintiff (name of one plaintiff only): Phillip Bow, Heir at Law/Succ. in Interest to Michelle McFadyen, Deceased  
 seeks damages in the above-entitled action, as follows:

**AMOUNT**

**1. General damages**

- |  |                  |
|--|------------------|
| a. <input type="checkbox"/> Pain, suffering, and inconvenience .....   | \$ .....         |
| b. <input type="checkbox"/> Emotional distress .....   | \$ .....         |
| c. <input type="checkbox"/> Loss of consortium .....   | \$ .....         |
| d. <input checked="" type="checkbox"/> Loss of society and companionship (wrongful death actions only) ..... | \$ 10,000,000.00 |
| e. <input type="checkbox"/> Other (specify) .....  | \$ .....         |
| f. <input type="checkbox"/> Other (specify) .....  | \$ .....         |
| g. <input type="checkbox"/> Continued on Attachment 1.g.   |                  |

**2. Special damages**

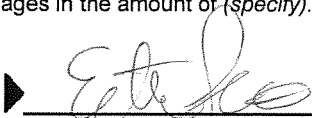
- |   |                 |
|---|-----------------|
| a. <input type="checkbox"/> Medical expenses (to date) .....  | \$ .....        |
| b. <input type="checkbox"/> Future medical expenses (present value) .....   | \$ .....        |
| c. <input type="checkbox"/> Loss of earnings (to date) .....  | \$ .....        |
| d. <input type="checkbox"/> Loss of future earning capacity (present value) .....   | \$ .....        |
| e. <input type="checkbox"/> Property damage .....   | \$ .....        |
| f. <input checked="" type="checkbox"/> Funeral expenses (wrongful death actions only) .....                               | \$ 50,000.00    |
| g. <input checked="" type="checkbox"/> Future contributions (present value) (wrongful death actions only) .....           | \$ 5,000,000.00 |
| h. <input checked="" type="checkbox"/> Value of personal service, advice, or training (wrongful death actions only) ..... | \$ 5,000,000.00 |
| i. <input type="checkbox"/> Other (specify) .....   | \$ .....        |
| j. <input type="checkbox"/> Other (specify) .....   | \$ .....        |
| k. <input type="checkbox"/> Continued on Attachment 2.k.  |                 |

3. ☒ **Punitive damages:** Plaintiff reserves the right to seek punitive damages in the amount of (specify).. \$ 10,000,000.00  
 when pursuing a judgment in the suit filed against you.

Date: September 2, 2020

ESTEE LEWIS

(TYPE OR PRINT NAME)

  
 (SIGNATURE OF PLAINTIFF OR ATTORNEY FOR PLAINTIFF)

(Proof of service on reverse)

Page 1 of 2

|                                      |               |
|--------------------------------------|---------------|
| PLAINTIFF: TROY MCFADYEN, et al.     | CASE NUMBER:  |
| DEFENDANT: GHOST GUNNER INC., et al. | CIV-DS1935422 |

**PROOF OF SERVICE**

(After having the other party served as described below, with any of the documents identified in item 1, have the person who served the documents complete this Proof of Service. Plaintiff cannot serve these papers.)

## 1. I served the

- a. ☐ Statement of Damages ☐ Other (specify):
- b. on (name):
- c. by serving ☐ defendant ☐ other (name and title or relationship to person served):
- d. ☐ by delivery ☐ at home ☐ at business  
 (1) date:  
 (2) time:  
 (3) address:
- e. ☐ by mailing  
 (1) date:  
 (2) place:

## 2. Manner of service (check proper box):

- a. ☐ **Personal service.** By personally delivering copies. (CCP § 415.10)
- b. ☐ **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(a))
- c. ☐ **Substituted service on natural person, minor, conservatee, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP § 415.20(b)) **(Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)**
- d. ☐ **Mail and acknowledgment service.** By mailing (by first-class mail or airmail, postage prepaid) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP § 415.30) **(Attach completed acknowledgment of receipt.)**
- e. ☐ **Certified or registered mail service.** By mailing to an address outside California (by first-class mail, postage prepaid, requiring a return receipt) copies to the person served. (CCP § 415.40) **(Attach signed return receipt or other evidence of actual delivery to the person served.)**
- f. ☐ Other (specify code section):  
☐ additional page is attached.

3. At the time of service I was at least 18 years of age and not a party to this action.

4. Fee for service: \$

## 5. Person serving:

- a. ☐ California sheriff, marshal, or constable
- b. ☐ Registered California process server
- c. ☐ Employee or independent contractor of a registered California process server
- d. ☐ Not a registered California process server
- e. ☐ Exempt from registration under Bus. & Prof. Code § 22350(b)

f. Name, address and telephone number and, if applicable, county of registration and number:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

**(For California sheriff, marshal, or constable use only)**  
 I certify that the foregoing is true and correct.

Date:

▶ \_\_\_\_\_  
 (SIGNATURE)

▶ \_\_\_\_\_  
 (SIGNATURE)

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**PROOF OF SERVICE**

I am a citizen of the United States and a resident of the County of Shasta, State of California. I am over the age of 18 years and not a party to the within action; my business mailing address is Post Office Box 994390, Redding, California 96099-4390. I am familiar with this firm's practice whereby the mail, after being placed in a designated area, is given the appropriate postage and is deposited in a U.S. mailbox after the close of the day's business.

XX On the date indicated below, I served the document(s) designated below on all parties in said action by placing a true copy thereof in a sealed envelope in the designated area for outgoing mail addressed as set forth below:

\_\_\_\_\_ On the date indicated below, I served the document(s) designated below on all parties in said action by placing a true copy thereof in a sealed envelope and mailed it via overnight mail with Federal Express addressed as set forth below:


\_\_\_\_\_ On the date indicated below, I personally served the document(s) designated below by transmitting a true copy thereof via electronic mail in .pdf format as an e-mail attachment to each addressee set forth below:

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**STATEMENTS OF DAMAGES  
(ONE EACH FROM EACH PLAINTIFF TO  
DEFENDANT BOB BEEZLEY, d/b/a RBTACTICALTOOLING.COM)**

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct. Executed December 1, 2020, at Redding, California.

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\_\_\_\_\_  
JENNI L. RITTER

**SEE ATTACHED SERVICE LIST**

Craig J. Mariam  
John P. Cogger  
Sebastian M. Van Roundsburg  
Gordon Rees Scully Mansukhani, LLP  
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Los Angeles, CA 90071  
Email: [cmariam@grsm.com](mailto:cmariam@grsm.com)  
[jcogger@grsm.com](mailto:jcogger@grsm.com) and  
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DBA RBTACTICIALTOOLING.COM  
GHOST FIREARMS, LLC; MFY TECHNICAL  
SOLUTIONS, LLC AND THUNDER GUNS, LLC*

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