

IN THE CIRCUIT COURT FOR PALM BEACH COUNTY, FL  
IN RE: ESTATE OF PROBATE DIVISION  
SHIRLEY BERNSTEIN, File No. 502011CP000653XXXXSB  
Deceased.

**NOTICE TO CREDITORS**

The administration of the estate of SHIRLEY BERNSTEIN, deceased, whose date of death was December 8, 2010, File Number 502011CP000653XXXXSB, is pending in the Circuit Court for Palm Beach County, Florida, Probate Division, the address of which is Palm Beach South County Courthouse, 200 W. Atlantic Avenue, Attn: Probate Division, Room 170, Delray Beach, FL 33444. The names of the personal representative and the personal representative's attorney and his address are set forth below.

All creditors of the decedent and other persons having claims or demands against decedent's estate on whom a copy of this notice has been served must file their claims with this Court WITHIN THE LATER OF THREE (3) MONTHS AFTER THE FIRST PUBLICATION OF THIS NOTICE OR THIRTY (30) DAYS AFTER THE TIME OF SERVICE OF A COPY OF THIS NOTICE ON THEM.

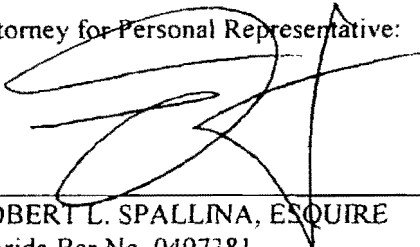
All other creditors of the decedent and other persons having claims or demands against decedent's estate must file their claims with this court WITHIN THREE (3) MONTHS AFTER THE DATE OF THE FIRST PUBLICATION OF THIS NOTICE.

**ALL CLAIMS NOT SO FILED WILL BE FOREVER BARRED.**

NOTWITHSTANDING THE TIME PERIOD SET FORTH ABOVE, ANY CLAIM FILED TWO (2) YEARS OR MORE AFTER THE DECEDENT'S DATE OF DEATH IS BARRED.

The date of the first publication of this Notice is March 18, 2011.

Attorney for Personal Representative:

  
ROBERT L. SPALLINA, ESQUIRE  
Florida Bar No. 0497381  
Tescher & Spallina, P.A.  
4855 Technology Way, Ste. 720  
Boca Raton, FL 33431  
561-997-7008

Personal Representative:

SIMON L. BERNSTEIN  
7020 Lions Head Lane  
Boca Raton, FL 33496

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Agency for Healthcare Admin  
c/o FL TPL Recovery Unit  
P.O. Box 12188  
Tallahassee FL 32317

Bernstein - Ntc to Creditors

2. Article Number

(Transfer from service label)

7008 1140 0002 1555 1378

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Rec'd by AGC  Agent  Addressee

B. Received by (Printed Name)

C. Date of Delivery

- APR 20 2011
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes