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| **State of Minnesota Estado de Minnesota** |  | **District Court Probate Division** | |
|  |  | **Tribunal de Distrito División Testamentaria** | |
| County/Condado |  | Judicial District Distrito judicial: |  |
|  |  | Court File Number Número de expediente: |  |
|  |  | Case Type Tipo de caso: | Guardianship/Conservatorship  Tutela/Curatela |

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| In Re: the Guardianship of  En el caso de: la Tutela de |  | Affidavit of Service (Annual Reporting - Guardianship) Declaración jurada de notificación (Informe anual — Tutela) |  |

My name is/Mi nombre es , and I am at least 18 years old/y tengo al menos 18 años de edad. I served papers for the guardianship case as follows/Notifiqué (entregué) los documentos del caso de tutela como sigue:

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| **Person Subject to Guardianship:**  **Persona sujeta a tutela:** | | | |  | | Forms Served *(check all that apply)* Formularios notificados *(marque todo lo que corresponda)*: |
| Name/Nombre: | |  | |  | | *Personal Well-Being Report Informe de bienestar personal* |
| Served at/ Notificado en | |  | |  | | *Annual Notice of Right to Petition for Termination or Modification of Guardianship or Other Relief Aviso anual de derecho a solicitar la terminación o modificación de la tutela u otra asistencia* |
| (location)/ (lugar): | |  | |  | | *Bill of Rights/Carta de derechos* |
|  |  | | |  | |
| Date Of Service Fecha de notificación: | | |  |  | | Other/Otro: |
|  |  | | |  | |  |
| How Served Notificación realizada: | | | By Mail (United States Mail) Por correo (Correo postal de los Estados Unidos) | | By Personal Service (hand-delivered) En persona (entregado por mano) | |

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| **Person of Interest Persona de interés:** | | | |  | | Forms Served *(check all that apply)* Formularios notificados *(marque todo lo que corresponda)*: |
| Name/Nombre: | |  | |  | | *Personal Well-Being Report Informe de bienestar personal* |
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*If you need more space, add another sheet of paper  
Si necesita más espacio, agregue otra hoja.*

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Declaro bajo pena de perjurio que todo lo que he declarado en este documento es verdadero y correcto. Estatuto de Minnesota § 358.116.

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| Dated/Fecha |  | Signature of Person Who Served the Forms  Firma de la persona que notificó (entregó) los formularios | |
|  |  | Name Nombre: |  |
|  |  | Address Dirección: |  |
| County and state where signed Condado y estado donde se firma |  | City/State/Zip Ciudad/Estado/Código postal: |  |
|  |  | Telephone/ Teléfono: |  |
|  |  | Email Correo electrónico: |  |