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| **State of Minnesota** |  | **District Court**  **Probate Division** | |
| County |  | Judicial District: |  |
|  |  | Court File Number: |  |
|  |  | Case Type: | Guardianship/Conservatorship |

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| In Re: the  Guardianship /   Conservatorship of |  | Affidavit of Service (Guardianship/Conservatorship) |  |

My name is , and I am at least 18 years old. I served papers for this case as follows:

|  |  |  |  |  |  |  |
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| **Person under Guardianship or Conservatorship:** | | | |  | | Forms Served: |
| Name: | |  | |  | |  |
| Served at | |  | |  | |  |
| (location): | |  | |  | |  |
|  |  | | |  | |  |
| Date Of Service: | | |  |  | |  |
|  |  | | |  | |  |
| How Served: | | | By Mail (United States Mail) | | By Personal Service (hand-delivered) | |

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| **Person of Interest with the Court:** | | | |  | | Forms Served: |
| Name: | |  | |  | |  |
| Served at | |  | |  | |  |
| (location): | |  | |  | |  |
|  | |  | |  | |  |
| Date of Service: | | |  |  | |  |
|  |  | | |  | |  |
| How Served: | | | By Mail (United States Mail) | | By Personal Service (hand-delivered) | |

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| **Person of Interest with the Court:** | | | |  | | Forms Served: |
| Name: | |  | |  | |  |
| Served at | |  | |  | |  |
| (location): | |  | |  | |  |
|  | |  | |  | |  |
| Date of Service: | | |  |  | |  |
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| How Served: | | | By Mail (United States Mail) | | By Personal Service (hand-delivered) | |

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| **Person of Interest with the Court:** | | | |  | | Forms Served: |
| Name: | |  | |  | |  |
| Served at | |  | |  | |  |
| (location): | |  | |  | |  |
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| Date of Service: | | |  |  | |  |
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| How Served: | | | By Mail (United States Mail) | | By Personal Service (hand-delivered) | |

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| **Person of Interest with the Court:** | | | |  | | Forms Served: |
| Name: | |  | |  | |  |
| Served at | |  | |  | |  |
| (location): | |  | |  | |  |
|  | |  | |  | |  |
| Date of Service: | | |  |  | |  |
|  |  | | |  | |  |
| How Served: | | | By Mail (United States Mail) | | By Personal Service (hand-delivered) | |

*If you need more space, add another sheet of paper.*

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

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| --- | --- | --- | --- |
| Dated |  | Signature of Person Who Served the Forms | |
|  |  | Name: |  |
|  |  | Address: |  |
| County and state where signed |  | City/State/Zip: |  |
|  |  | Telephone: |  |
|  |  | Email: |  |