

State of Minnesota

**District Court
Probate Division**

County _____

Judicial District: _____
Court File Number: _____
Case Type: _____ Guardianship/Conservatorship

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:

Person under Guardianship or Conservatorship:	Forms Served:
Name: _____	_____
Served at _____	_____
(location): _____	_____
Date Of Service: _____	_____
How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)	

Person of Interest with the Court:	Forms Served:
Name: _____	_____
Served at _____	_____
(location): _____	_____
Date of Service: _____	_____
How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)	

Person of Interest with the Court:	Forms Served:
Name: _____	_____
Served at _____ (location): _____	_____
Date of Service: _____	_____
How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)	

Person of Interest with the Court:	Forms Served:
Name: _____	_____
Served at _____ (location): _____	_____
Date of Service: _____	_____
How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> By Personal Service (hand-delivered)	

Person of Interest with the Court:	Forms Served:
Name: _____	_____
Served at _____ (location): _____	_____
Date of Service: _____	_____
How Served: <input type="checkbox"/> By Mail (United States Mail) <input type="checkbox"/> 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.

Dated

County and state where signed

Signature of Person Who Served the Forms

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____