

State of Minnesota

District Court
Probate Division

County of _____

Judicial District: _____

Court File No. _____

Case Type: 14, Guardianship

In Re: Guardianship of

Affidavit of Service by Mail

_____ being first sworn, says that on (date) _____, 20__
he/she served (name document served) _____

on the following persons by mail:

- Ward:** Name: _____
Address: _____

2. **Interested Parties:**

| Relationship | Name | Address |
|--------------|------|---------|
|--------------|------|---------|

a) Spouse (include an adult with whom Respondent has resided for six months or more):

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b) Kindred: (adult children, parents and adult brothers and sisters; if none of these, then list the nearest adult kin; See M.S. § 524.5-303(b)(3) and 524.5-102 subd. 7)

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c) Administrator (if Respondent is in a hospital, VA, unit, nursing home, home care agency or other institution):

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d) Legal Representative (guardian/conservator, representative payee, trustee or custodian of property):

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e) Persons serving as guardian or conservator:

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f) Other persons:

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Signature of Affiant

Sworn/affirmed before me on _____, 20____.

Notary Public \ Deputy Court Administrator

THIS FORM MUST BE COMPLETED AND RETURNED TO THE COURT WITH A COPY OF THE DOCUMENT MAILED TO EACH PERSON