

**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:

1. **Ward:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Interested Parties:**

Relationship	Name	Address
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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:


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**