STATE OF NORTH DAKOTA COUNTY OF		IN DISTRICT COURTJUDICIAL DISTRICT	
		RDIANSHIP/CONSERVATORSHIP OF	
	AFFIDAVIT O	F SERVICE BY MAIL	
(Mo	ay serve multiple persons ONLY IF envel	opes are mailed same day from same Post Office.)	
The p	person serving court documents by mai	I states:	
1.	My name is:	(person who mailed	
docui	ments). I am at least 18 years of age.		
2.	List of Court Documents Served (check <u>only</u> the documents that were document served that is not already li	served. Use "Other" to write the title of each	
	Notice of Motion for Final Order (Guardianship/Conservatorship;	Confirming Transfer and Terminating	
	 Motion for Final Order Confirming Conservatorship; 	g Transfer and Terminating Guardianship/	
	☐ Brief in Support of Motion for Fin Guardianship/Conservatorship;	al Order Confirming Transfer and Terminating	
	Affidavit in Support of Motion for Terminating Guardianship/Conse	Final Order Confirming Transfer and rvatorship;	
	☐ Copy of Other State's Certified Or	der;	
	Proposed Final Order Confirming Conservatorship;	Transfer and Terminating Guardianship/	
	☐ Final Inventory Report.		
	Other:		
3.	Service by Mail: I served a true and c	orrect copy of each of the court documents listed	
in Pai	ragraph 2 by mailing them, enclosed in	an envelope, by First-Class mail, postage prepaid,	
and b	by depositing them in the United States	Mail, directed to each person listed in Paragraph 5.	

4.	Date and Post Office Location of Service by Mail:						
Date	Cour	rt Documents Were Served by M	lail:				
Unite	d Sta	ates Post Office Location:					
(city)			(count	y)	(state)		
5.	Pe	erson or Persons Served by Mail	:				
	1.	Name of Person Served:					
		Mailing Address:					
		City, State, Zip Code:					
	2.	Name of Person Served:					
		Mailing Address:					
		City, State, Zip Code:					
	3.	Name of Person Served:					
		Mailing Address:					
		City, State, Zip Code:					
	4.	Name of Person Served:					
		Mailing Address:					
		City, State, Zip Code:					
6.	۱d	leclare, under penalty of perjury	under the	aw of North Dakot	a, that everything I		
stated	d in t	this Affidavit of Service by Mail is	s true and c	orrect.			
	Sig	gned on	, 20	in	(city),		
		County,	(state).			
Signature				Printed Name			
Address				City, State, Zip Code			
Telephone Number				Email Address			