

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL DISTRICT

**IN THE MATTER OF THE GUARDIANSHIP/CONSERVATORSHIP OF**

\_\_\_\_\_.

**Case No.** \_\_\_\_\_

**AFFIDAVIT OF SERVICE BY MAIL**

*(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)*

**The person serving court documents by mail states:**

1. My name is \_\_\_\_\_ *(person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served** *(check all that apply):*  
*(Check only the documents that were served. Use "Other" to write the title of each document served that isn't already listed.)*

☐ Information about the Guardianship/Conservatorship Accepted for Transfer from Another State;

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Other: \_\_\_\_\_

3. **Service by Mail:** I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by First-Class mail, postage prepaid, and 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 Court Documents Were Served by Mail: \_\_\_\_\_

United States Post Office Location:

\_\_\_\_\_  
*(city)*

\_\_\_\_\_  
*(county)*

\_\_\_\_\_  
*(state)*

5. **Person 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. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Affidavit of Service by Mail is true and correct.

Signed on \_\_\_\_\_ (date), in \_\_\_\_\_ County,  
\_\_\_\_\_ (State), \_\_\_\_\_ (Country).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address