

State of Minnesota

District Court  
Probate Division

County of \_\_\_\_\_

Judicial District: \_\_\_\_\_

Court File No. \_\_\_\_\_

Case Type: 14, Conservatorship

In Re:  Guardianship  
 Conservatorship 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 / Protected Person:** 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, nursing home, VA unit, 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 this

\_\_\_\_\_.

\_\_\_\_\_  
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**