

Superior Court of Washington, County of _____

In re: Guardianship/Conservatorship of:

No. _____

**Declaration of Service
(AFSR)**

_____,
Respondent/Minor(s)

Declaration of Service

I declare:

1. I am 18 years of age or older, I am not a party to this action, and I am competent to be a witness.
2. I served true and correct copies of the *(list titles of documents below)*:

on *(date)* _____ *(time)* _____ to the following individuals at the following addresses by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name/s: _____

Address: _____

- Hand Delivered
(Personal Service)
- Regular 1st Class US Mail
- Certified Mail,
Return Receipt Requested
- Other:

Name/s: _____

Address: _____

- Hand Delivered
(Personal Service)
- Regular 1st Class US Mail
- Certified Mail,
Return Receipt Requested
- Other: _____

Name/s: _____

Address: _____

- Hand Delivered
(Personal Service)
- Regular 1st Class US Mail
- Certified Mail,
Return Receipt Requested
- Other: _____

Name/s: _____

Address: _____

- Hand Delivered
(Personal Service)
- Regular 1st Class US Mail
- Certified Mail,
Return Receipt Requested
- Other: _____

Name/s: _____

Address: _____

- Hand Delivered
(Personal Service)
- Regular 1st Class US Mail
- Certified Mail,
Return Receipt Requested
- Other: _____

(Attach Return Receipt if service by certified mail.)

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at (City and State) _____ on (date) _____

Signature

Printed Name