

State of Minnesota

District Court

County

Judicial District:

Court File Number:

Case Type:

Consumer

Affidavit of Service

STATE OF MINNESOTA)

COUNTY OF _____)

I, _____, being duly sworn upon oath, state that on _____, I served the attached _____ by _____ a true and correct copy to the following parties at the following _____.

c/o _____

(Date)

Sworn to/affirmed before me on

_____, _____

Notary Public / Clerk

(Signature)
