

| | | | | |
|---------------------------------------|---|---------------------------------|---|--------------|
| <input type="checkbox"/> GUARDIANSHIP | <input type="checkbox"/> CONSERVATORSHIP OF THE | <input type="checkbox"/> PERSON | <input type="checkbox"/> ESTATE | CASE NUMBER: |
| OF (Name): | | | | |
| | | <input type="checkbox"/> MINOR | <input type="checkbox"/> (PROPOSED) CONSERVATEE | |

PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship for each person who personally served a copy of the Notice.)

1. I am over the age of 18 and not a party to this cause.
2. I served the attached *Notice of Hearing—Guardianship or Conservatorship* by personally delivering a copy to each person listed below at the address and on the date and time indicated below.
3. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4. I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (specify):

Continued on Attachment 4.

5. I am (*check all that apply*):
 - a. not a registered California process server.
 - b. a California sheriff or marshal.
 - c. a registered California process server.
 - d. an employee or independent contractor of a registered California process server.
 - e. exempt from registration (Bus. & Prof. Code, § 22350(b)).
6. My name, address, telephone number, and, if applicable, county of registration and number, are (*specify*):

NAME OF EACH PERSON PERSONALLY SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE

| | Name | Address where served (number, street, city, and state) | Date and time service made |
|----|------|--|----------------------------|
| 1. | | | Date: _____ Time: _____ |
| 2. | | | Date: _____ Time: _____ |
| 3. | | | Date: _____ Time: _____ |
| 4. | | | Date: _____ Time: _____ |

List of names and addresses of persons personally served by the undersigned continued on an attachment.

(You may use Attachment to Notice of Hearing Proof of Personal Service, form DE-120(PA)/GC-020(PA), for this purpose.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(For California sheriff or marshal use only)
I certify that the foregoing is true and correct.

Date:

Date:



(SIGNATURE)



(SIGNATURE)

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