

<input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> IN THE MATTER OF (Name):	CASE NUMBER:
<input type="checkbox"/> DECEDENT <input type="checkbox"/> TRUST <input type="checkbox"/> OTHER	

**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—DECEDENT'S ESTATE OR TRUST**

(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Decedent's Estate or Trust 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—Decedent's Estate or Trust* 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—Decedent's Estate or Trust* a copy of the petition or other document referred to in the Notice.
4. 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)).
5. 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: _____
5.			Date: _____ Time: _____
6.			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.

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_



(SIGNATURE)



(SIGNATURE)

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