
Ward/Incapacitated Person

Case No. _____

CERTIFICATE OF MAILING

TO THE GUARDIAN OR THEIR ATTORNEY: You need to complete and file this form with the court showing that you mailed the required documents marked below to all the interested persons you list below.

I, _____, swear or affirm, **under the penalties of perjury**, that on _____, I mailed copies of the forms marked below to all interested persons* and bonding company, if any, at the addresses set forth below:

Application for Approval of Monthly Budget and Inventory;
Notice of Hearing;
Notice of Right to Object form; and
Certificate of Mailing.

NAME

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____

See attached (more names and addresses than above)

Signature(s) of Guardian(s) or Their Attorney

Date _____

Print or Type Name of Guardian(s) or Their Attorney

Bar Number and Firm Name (attorneys only)

Street Address/P.O. Box of Guardian(s) or Their Attorney

City/State/ZIP Code of Guardian(s) or Their Attorney

Phone of Guardian(s)
or Their Attorney

E-mail Address of Guardian(s) or Their Attorney