PARTY WITHOUT AN ATTORNEY (Name and Address):	TELEPHONE NO:	FOR COURT USE ONLY
In Pro Per		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF MER	RCED	1
STREET ADDRESS: 627 W. 21st Street		
MAILING ADDRESS: 627 W. 21st Street CITY AND ZIP CODE: Merced, CA 95340		
BRANCH NAME: Probate		
GUARDIANSHIP OF THE PERSON ESTATE OF (NAME):		
	MINOR	
	WIINOR	CASE NUMBER
PROOF OF SERVICE BY MAI	IL	
I leaders that		
 I declare that: At the time of service I was at least 18 years of age ar 	nd not a party to this legal s	action
 I am a resident of or employed in the county where the 		action.
 My business or residence address is: 	_	
5. Wy business of residence address is.		
4. I served copies of the following paper(s):		
☐ Petition for Appointment of Guardian of Minor ☐ Petition for Appointment of Temporary Guardian		ointment of Temporary Guardian
☐ Notice of Hearing for	UCCJEA	
☐ Notice of Hearing for		
☐ Consent of Guardian	☐ Nomination of Guardian	
☐ Petition for Visitation – Guardianship	☐ Petition for Modification of Visitation - Guardianship	
☐ Petition for Termination of Guardianship	Other:	
5. I served the above listed documents on each person r	named below by enclosing	a copy in an envelope addressed
as shown below AND		
a. \Box depositing the sealed envelope with th		vice on the date and at the place
shown in item 6 with the postage fully prepa		
b. placing the envelope for collection and mailing on the date and at the place shown in item 6 following our ordinary business practices. I am readily familiar with this business's practices for collection and		
processing correspondence for mailing. Or and mailing, it is deposited in the ordinary c		
sealed envelope with postage fully prepaid.		Officed States Fostal Service III a
6. a. Date Mailed: b. Place mail		
	· · · · · · · · · · · · · · · · · · ·	
I declare under the penalty of perjury under the laws of the S	State of California that the f	oregoing is true and correct.
DATE.		
DATE:	(Signature of Pe	rson who Served Papers)
(Type of Time Tallie)	(0.9.12.12.12.12.12.12	apolo,
NAME AND ADDRESSES OF EACH PE		
	Address (number, street, cit	y, state, and zip code)
1.		
2.		
3.		
J		
☐ Continued on page 2.		

MSC-PR-004

GUARDIANSHIP OF THE PERSON ESTATE OF (NAME):

ADDITIONAL PERSONS TO WHOM NOTICE WAS MAILED:

Name of person served Address (number, street, city, state, and zip code)

5.

6.

8.

9.

10.