			(optional form)
ATTORNEY OR P.	ARTY WIT	HOUT ATTORNEY (Name, state bar number, and address)	FOR COURT USE ONLY
		/	
TELEPHC ATTORNEY FOR		()	
SUPERIOR C	OURT	OF CALIFORNIA, COUNTY OF KINGS	
STREET ADD CITY AND ZIP	RESS: CODE:	1640 Kings County Drive Hanford, CA 93230	
GUARDIANSH	IP OF TH	HE PERSON ESTATE OF (Name):	
		MINOR	
PROOF OF	SERVI	CE FOR PERSONAL SERVICE OR BY NOTICE	CASE NUMBER:
	AND A		
declare that:		(CCP SECTIONS 415.10, 415.30)	
		vice I was at least 18 years of age and not a p	arty to this legal action
		employed in the county where the mailing oc	
		esidence address is:	· · ·
,,			
	Petitic Notice	f the following paper(s) in the manner shown: on for Appointment of Guardianship e of Hearing (Guardianship) [list exact title of paper(s)]:	
5. Manner of	service	2.	
a. 🗌		Personal service. I personally delivered these papers to:	
	(1)	Name of person served:	
	(2)	Address where served:	
	(3)	Date served:/ / Time serv	/ed: a.m./ p.m.
b. 🗌	By mailing copies by first-class mail, postage prepaid, along with two copies of a Notice and Acknowledgement of Receipt and a self-addressed, stamped envelope to:		
	(1)	Name of person served:	
	(2)	Address to which documents were mailed:	
	(3)	Date documents were mailed://	
	(4)	City and state where mailing occurred:	,
	(5)	The completed Notice and Acknowledgment of F	Receipt is attached.
declare under	⁻ penalty	of perjury under the laws of the State of California	a that the foregoing is true and correct.
Dated:	<u> </u>	_/	
		~	
(Туре о	r Print N	Jame) (Sid	gnature of Person Who Served Papers)
(1)000			