ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address)	TELEPHONE NO.	FOR COURT USE ONLY
ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO		
STREET ADDRESS: 3341 Power Inn Road		
MAILING ADDRESS: 3341 Power Inn Road, Room 214		
CITY AND ZIP CODE: Sacramento, CA 95826		
BRANCH NAME: PROBATE DIVISION		
☐ GUARDIANSHIP ☐ CONSERVATORSHIP		
(Name):		
		OA OF NI IMPER
PROOF OF PERSONAL SERVICE		CASE NUMBER:
1. I served a copy of the following documents (check the box before the title of each document you served):		
a. Notice of Hearing (copy must be attached to this proof	of service)	
b. Petition for Appointment of Guardian or Conservator (i	ncluding any attac	hments to the petition).
c. Other (identify document):		
_ , ,		
2. Person served (name):		
3. By personally delivering copies to the person served, as follows:		
(1) Date: (2) Time:		
(3) Address:		
<u> </u>	0''	7: 0 1
Street No. (Apt.#)	City	State Zip Code
4. At the time of service I was at least 18 years of age and not a party to this cause.		
5. Person serving (name, address, and telephone number): b. Fee for service: \$		
	c. Not a registered California process server	
		om registration under Business & as Code section 22350.(b).
		d California process server.
	(1) 🔲 E	mployee or independent contractor
		stration No. (Specify):
		nty (specify): ration (date):
_	. , ,	, ,
 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I am a California sheriff or marshal and I certify that the foregoing is true and correct. 		
Date:		
		(SIGNATURE)
	(TYPE OR PRINT NAME)	