

|  |                    |
|--|--------------------|
| <input type="checkbox"/> GUARDIANSHIP <input type="checkbox"/> CONSERVATORSHIP   OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE<br>OF (Name): _____<br><br><div style="text-align: center;"> <input type="checkbox"/> MINOR   <input type="checkbox"/> (PROPOSED) CONSERVATEE       </div> | CASE NUMBER: _____ |
|--|--------------------|

**PROOF OF PERSONAL SERVICE OF NOTICE OF HEARING—GUARDIANSHIP OR CONSERVATORSHIP**

*(Attach a separate completed and signed copy of this form or other proof of personal service to Notice of Hearing—Guardianship or Conservatorship 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—Guardianship or Conservatorship* 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—Guardianship or Conservatorship* a copy of the petition or other document referred to in the Notice.
4.  I served with the attached *Notice of Hearing—Guardianship or Conservatorship* copies of the following documents (*specify*):

Continued on Attachment 4.

5. 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)).
6. 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**

|    | <u>Name</u> | <u>Address where served (number, street, city, and state)</u> | <u>Date and time service made</u> |
|----|-------------|---|-----------------------------------|
| 1. |             |   | Date: _____<br>Time: _____        |
| 2. |             |   | Date: _____<br>Time: _____        |
| 3. |             |   | Date: _____<br>Time: _____        |
| 4. |             |   | Date: _____<br>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.

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

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

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

▶ \_\_\_\_\_

▶ \_\_\_\_\_

(SIGNATURE)

(SIGNATURE)