IN THE CIRCUIT COURT OF STATE OF OREGON
FOR THE COUNTY OF MARION
Probate Department

In the Matter of the Guardianship of:	)	Case No.: _____
	)	
_____,	)	PROOF OF SERVICE
A Protected Person.	)	

I _____, hereby declare that I served the attached Notice Regarding Time for Filing Objections, Motion to Allow Payment of Room and Board and supporting declaration upon:

_____	_____
Protected Person	Name
_____	_____
Address	Relationship to Protected Person
_____	_____
City, State, Zip	Address
	_____
	City, State, Zip
_____	_____
Name	Name
_____	_____
Relationship to Protected Person	Relationship to Protected Person
_____	_____
Address	Address
_____	_____
City, State, Zip	City, State, Zip

by depositing true copies thereof in the United States mail in _____, Oregon on _____ (date) enclosed in an envelope with first class postage to the last known address listed for each person above.

Dated:_____ _____

Signature of Guardian

I hereby declare that the above statement is true to the best of my knowledge and belief, and that I understand it is made for use as evidence in court and is subject to penalty for perjury.

Submitted by:

_____

Name Bar No. (if any)

_____

Address

_____

City, State, Zip

_____

Email Fax