IN THE CIRCUIT COURT OF THE STATE OF OREGON
FOR THE COUNTY OF MARION
PROBATE DEPARTMENT

Guardianship of:	)	
	)	Case No: _____
	)	
_____	)	PROOF OF MAILING
Protected Person		

I, _____, Guardian for the Protected Person named above declare as follows:
(Guardian or Co-Guardian's name)

A copy of the Guardian's Report was mailed on _____, to each of the following persons or entities at their last known mailing addresses as follows:

_____	_____
_____	_____
_____	_____
Protected Person (Over 14)	(agency)
_____	_____
_____	_____
_____	_____
Conservator (if one)	(interested party)
_____	_____
_____	_____
_____	_____
Co-Guardian (if one)	Other (if one)

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

Dated this ____ day of _____, 20_____.

_____
Guardian(s)