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| STATE OF MICHIGAN<br>PROBATE COURT<br>MONTCALM COUNTY | PROOF OF SERVICE | FILE NO. |
|-------------------------------------------------------|------------------|----------|

In the matter of: A. \_\_\_\_\_

1. **Titles of the papers** served: ☐ Petition for Appointment of Guardian of Minor ☐ Notice of Hearing  
☐ Petition for Appointment of Limited Guardian of Minor ☐ Limited Guardianship Placement Plan  
☐ 2. According to court rule, I served by ☐ ordinary mail or ☐ certified mail (copy of return receipt attached) the papers listed above on:

| Name of person served by mail | Address printed on envelope for mailing (including street number, street address, city, state and zip code) | Date envelope placed in box for delivery by USPS |
|-------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
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- ☐ 3. According to court rule, I **personally handed** a copy of the papers listed above on:

| Name of person served by handing the documents to them | Address where I was when document was handed to that person (including street number, street address, city, state and zip code) | Date I stood before the person and gave them the documents |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
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*Service must be completed on the minor if over age 14, mother, and father (proposed guardian if parent(s) are petitioners) and any other interested person as defined under MCR 5.125.*

- ☐ 4. After diligent search and inquiry, I have been unable to find and serve the following interested persons: \_\_\_\_\_  
I have made the efforts listed in the attached Due Diligence Affidavit in attempting to serve process.

I declare under the penalties of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge and belief.

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

\_\_\_\_\_  
Signature of Person Completing Service

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Do not write below this line – For court use only