

Name, Address, and Telephone No. of Attorney

Attorney _____ for:

Space below for use of District Court only

Probate No. _____

INDISTRICT COURT, _____ COUNTY, STATE OF NORTH DAKOTA

In the Matter of the Estate of _____ Deceased.

AFFIDAVIT OF SERVICE BY MAIL

I, _____ (**Person Serving Documents**), being first duly sworn, depose and say that on _____ (**Date**), I served the _____ (**Documents Mailed**), on the following parties by mailing to each of them a copy thereof, enclosed in an envelope, postage pre-paid, and by depositing the same in the United States Mail, directed to said party as follows:

- 1. _____

- 2. _____

- 3. _____

(Signature of Person Service Documents)

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Clerk of Court or Notary Public

If notary, my commission expires: _____