



### RETURN OF SERVICE

I, \_\_\_\_\_, hereby certify that notice was given to each interested person as specified below: (name)

To: \_\_\_\_\_ by  certified/registered mail  hand delivery  
 at: \_\_\_\_\_ on: \_\_\_\_\_  
(address) (date)

To: \_\_\_\_\_ by  certified/registered mail  hand delivery  
 at: \_\_\_\_\_ on: \_\_\_\_\_  
(address) (date)

To: \_\_\_\_\_ by  certified/registered mail  hand delivery  
 at: \_\_\_\_\_ on: \_\_\_\_\_  
(address) (date)

To: \_\_\_\_\_ by  certified/registered mail  hand delivery  
 at: \_\_\_\_\_ on: \_\_\_\_\_  
(address) (date)

**By publishing once in** \_\_\_\_\_ on: \_\_\_\_\_  
(name of newspaper) (date)

**which was at least seven (7) days before the return date.**

**The following interested persons have waived notice and the waivers are filed with this Notice or are in the possession of the Court:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Service was not made.**

### SIGNED UNDER THE PENALTIES OF PERJURY.

I certify under the penalties of perjury that the foregoing statements are true to the best of my knowledge and belief.

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Attorney for the Petitioner or Petitioner if Pro Se

\_\_\_\_\_  
(Address) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. #: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Attorney for the Petitioner or Petitioner if Pro Se

\_\_\_\_\_  
(Address) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

Primary Phone #: \_\_\_\_\_

B.B.O. #: \_\_\_\_\_