

AFFIDAVIT OF SERVICE

State of _____)
County of _____)

The undersigned being duly sworn, deposes and says:

_____ is not a party to the action, is over
(name of person serving papers)

18 years of age and resides at _____

(complete address of person serving papers)

That on _____, deponent served the within
(date of service)

(name of document[s] served)

upon _____ located at
(name of person/corporation served)

(complete address where other party/corporation served)

(Select method of service)

____ Personal Service: by delivering a true copy of the aforesaid documents personally;
deponent knew said person/corporation so served to be the person/corporation described.

____ Service by Mail: by depositing a true copy of the aforesaid documents in a postpaid
properly addressed envelope in a post office or official depository under the exclusive care
and custody of the United States Postal Service.

Signature of person serving papers

Printed Name

Sworn to before me this _____

day of _____

Notary Public