

6954 East Broadway, Mt. Pleasant, MI 48858

(989)775-4800

In the Estate of: \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. I served by  ordinary mail  registered mail (copy of return receipt attached)  certified mail (copy of return receipt attached) the papers described above or posted in the following locations:

Table with 3 columns: Name, Complete address of service, Date. Multiple empty rows for data entry.

3. I served by personal service the papers described above on:

Table with 3 columns: Name, Complete address of service, Date and Time. One empty row for data entry.

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons:

\_\_\_\_\_

I have made the following efforts 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.

Table with 4 columns: Service fee, Miles traveled, Mileage fee, Total fee. Each column has a dollar sign symbol.

Date \_\_\_\_\_

Signature \_\_\_\_\_

TRIBAL COURT  TRIBAL OPERATIONS  NIMKEE CLINIC  7TH GENERATION  SAGANING RESERVATION