SAGINAW CHIPPEWA INDIAN TRIBE TRIBAL COURT PROBATE DIVISION	**PROOF OF SERVICE**	**Case No.**

6954 East Broadway, Mount Pleasant MI 48858 (989) 775-4800

Estate of _____
First, middle, and last name

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:

Name	Complete address of service	Date

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

Name	Complete address of service	Date and Time

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.

Service fee	Miles traveled	Mileage fee	Total fee
$		$	$

Date

Signature

☐ TRIBAL COURT ☐ TRIBAL OPERATIONS ☐ NIMKEE CLINIC ☐ 7TH GENERATION ☐ SAGANING RESERVATION