☐ ESTATE ☐ GUARDIANSHIP ☐ CONSERVATORSHIP ☐ MATTER OF *(Name):*	CASE NUMBER:

ATTACHMENT TO NOTICE OF HEARING PROOF OF SERVICE BY MAIL

(This Attachment is for use with forms DE-120 and GC-020.)

NAME AND ADDRESS OF EACH PERSON TO WHOM NOTICE WAS MAILED

No.	Name of person served	Address *(number, street, city, state, and zip code)*

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