FILED

2017 AUG 18 AM 8:11

BY PROBATE/MENTAL HEALTH
FOURTH DISTRICT COURT

AFFIDAVIT OF SERVICE

State of Minnesota)
)
County of Hennepin)

Alonzo Wesley, state that 1) this is an accurate statement of the Ward's well being and care for the period indicated above; 2) I have given a copy of this Well-Being Report to the Ward and to interested persons of record with the court; and 3) the Annual Notice of Right to Petition has been given to the Ward and to interested persons of record with the court.

The Ward was served ☐ by mail or ☒ personally with the Well-Being Report and the Annual Notice of Rights to Petition on 7-27-17 (date). The present address and telephone number of the Ward is 1400 Hillsboro Ave North Golden Valley MN.

The following interested persons of record with the court were served at the location listed with a copy of the Well-Being Report and the Annual Notice of Rights to Petition: *(attach additional sheets if necessary)*

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

Name: _____

Address _____

Served ☐ by mail or ☐ personally on _____ (date)

I declare under penalty of perjury that everything I have stated in this document is true and correct. Minn. Stat. § 358.116.

Dated: 7-27-17

_____
Signature of Guardian
Name: Alonzo Wesley
Address: 1400 Hillsboro Ave N
City/State/Zip: Golden Valley MN 55427
Telephone: (612) 219-3539
E-mail address: _____

FILE THE ORIGINAL PERSONAL WELL-BEING REPORT AND THIS AFFIDAVIT OF SERVICE WITH THE COURT