

Affidavit of Service

State of _____
County of _____

I, [REDACTED], being duly sworn, declare and say as follows:

1. I am over eighteen (18) years of age and am not a party to this action.
2. On the [REDACTED] day of [REDACTED], 20[REDACTED], at [REDACTED] (time), I served the following documents:

3. The documents were delivered to:

Name: [REDACTED]

Address: [REDACTED]

4. Method of Service: [REDACTED]

I declare under penalty of perjury that the foregoing is true and correct.

Executed on this [REDACTED] day of [REDACTED], 20[REDACTED].

Signature of Affiant

Printed Name

Subscribed and sworn to before me this [REDACTED] day of [REDACTED], 20[REDACTED].

Notary Public