

**YUOK TRIBAL COURT**

PO Box 1027 / 230 Klamath Blvd.  
Klamath, CA 95548  
(707) 482-1350 phone  
(707) 482-0105 fax

CASE NUMBER: \_\_\_\_\_

CASE TYPE: PROBATE

In the Matter of the Estate of:

\_\_\_\_\_,  
Decedent**Proof of Service for Probate**☐ Attachments.☐ Proof of Publication Attached.

No. of pages attached: \_\_\_\_\_.

1. I declare, AT THE TIME OF SERVICE, I was at least 18 years of age and NOT a party to the above entitled action.

2. My name, address, telephone number, are:

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

3. I served the following forms: \_\_\_\_\_

**NAME OF EACH PERSON SERVED, ADDRESS WHERE SERVED, AND DATE AND TIME SERVICE WAS MADE**NameAddress where servedDate, Time and Manner of Service

1.			Date: _____ Time: _____ Manner: <input type="checkbox"/> Personal <input type="checkbox"/> Mail <input type="checkbox"/> Publication
2.			Date: _____ Time: _____ Manner: <input type="checkbox"/> Personal <input type="checkbox"/> Mail <input type="checkbox"/> Publication
3.			Date: _____ Time: _____ Manner: <input type="checkbox"/> Personal <input type="checkbox"/> Mail <input type="checkbox"/> Publication
4.			Date: _____ Time: _____ Manner: <input type="checkbox"/> Personal <input type="checkbox"/> Mail <input type="checkbox"/> Publication

**I declare** under penalty of perjury that the information provided on this Proof of Service is true and correct to the best of my knowledge.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_