

\* Complete and return to court 5 days before hearing.  
Your hearing may be delayed if this form is not returned.

JIS CODE: PSV

|   |                         |                 |
|---|-------------------------|-----------------|
| STATE OF MICHIGAN<br>PROBATE COURT<br>COUNTY OF GENESEE | <b>PROOF OF SERVICE</b> | <b>FILE NO.</b> |
|---|-------------------------|-----------------|

In the matter of \_\_\_\_\_

1. Titles of the papers served or mailed: \_\_\_\_\_

2. According to court rule, I served by  first-class mail  registered mail (copy of return receipt attached)  
 certified mail (copy of return receipt attached) the papers described above on:

| Name | Complete address of service | Date |
|------|-----------------------------|------|
|      |                             |      |
|      |                             |      |
|      |                             |      |
|      |                             |      |

14 days

3. According to court rule, I served by **personal service** the papers described above on:

| Name | Complete address of service | Date and Time |
|------|-----------------------------|---------------|
|      |                             |               |
|      |                             |               |
|      |                             |               |

7 days

4. After diligent search and inquiry, I have been unable to find and serve the following interested persons. I have served these persons by publication. Attached are copies of form PC 617.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 | Fee |                  |
| \$                    |                | \$  |                  |
| Incorrect address fee | Miles traveled | Fee | <b>TOTAL FEE</b> |
| \$                    |                | \$  |                  |

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only