

\_\_\_\_\_  
(your name)

\_\_\_\_\_  
(your street address)

\_\_\_\_\_  
(city, state, zip code)

\_\_\_\_\_  
(your phone number)

MONTANA \_\_\_\_\_ JUDICIAL DISTRICT COURT,  
(number of district in which your county is located)  
\_\_\_\_\_ COUNTY  
(name of your county)

In the Matter of the Estate of, ) **Probate Case No.**  
 )  
 )  
\_\_\_\_\_, ) **AFFIDAVIT OF SERVICE**  
(name of the deceased) )  
 )  
Deceased. )

I, \_\_\_\_\_, swear (or affirm) under oath that:  
(print your name)

I served a copy of the attached Notice and Information to Heirs and Devisees

upon \_\_\_\_\_, by  
(name of recipient)

mailing a true and correct copy on the \_\_\_\_\_ day of  
(date)  
\_\_\_\_\_, \_\_\_\_\_, postage prepaid and addressed as follows:  
(month) (year)

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

hand delivering a true and correct copy on the \_\_\_\_\_ day of  
(date)

\_\_\_\_\_, \_\_\_\_\_, to:  
(month) (year)

\_\_\_\_\_  
(opposing party's name or name of opposing party's attorney, if he/she has one)

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(date) (month) (year)

\_\_\_\_\_  
(Your signature)

State of \_\_\_\_\_  
County of \_\_\_\_\_

SIGNED AND SWORN (OR AFFIRMED) to before me on \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public for the State of \_\_\_\_\_  
Printed name of notary \_\_\_\_\_  
Title or rank: \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_