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SUPERIOR COURT OF WA.
SHARON K. FOGO

BY AP3 DEPUTY

**Superior Court of Washington
County of Mason**

In the Guardianship of:

No. 21-4-00040-23

Virginia I. Jackson

**Declaration of Service
(AFSR)**

An Alleged Incapacitated Person or
Incapacitated Person

21-4-00040-23
AFSR 59
Affidavit Declaration Certificate Confirmation of
10740116



I declare:

1. I am 18 years of age or older, I am not a party to this action, and I am competent to be a witness.
2. I served true and correct copies of the:
Guardian's Report, Accounting & Budget; Initial Care Plan; Notice of Interested Parties; Inventory Report; Petition to Approve Budget; Sealed Records (Financial & Medical)

on (date) July 22, 2021 (time) 3:30pm Approx. to the following individuals at the following address by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name: Marcia Mascaro

Address: PO BOX 182
Highbridge N.J
08829

- Hand Delivered (Personal Service)
- Regular 1st Class US Mail
- Certified Mail, Return Receipt Requested
- Other: _____

59

Name: Heidi Magaro

Address: 1235 4th AVE E
Suite 200

Olympia WA 98506

- Hand Delivered (Personal Service)
 Regular 1st Class US Mail
 Certified Mail, Return Receipt Requested
 Other: _____

(Attach Return Receipt if service by certified mail.)

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at Hoodsport, WA (City and State) on _____ (Date).

Carolee Pailca
Signature

Carolee Pailca
Printed Name

PO Box 1215
Address

Hoodsport, WA 98548
City State, Zip Code

360-463-2063
Telephone/Fax Number

pailcacarolee@gmail.com
Email Address

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Adult Signature Required \$ _____

Adult Signature Restricted Delivery \$ _____

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Total Postage and Fees \$ _____

Sent To Marcia Mascaro

Street and Apt. No., or PO Box No. PO BOX 182

City, State, ZIP+4® HIGHLAND NJ, 08829

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7-27-2021
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Sent To Heidi Mayo

Street and Apt. No., or PO Box No. 1235 4TH AVE E.

City, State, ZIP+4® OLY WA 98506

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