

FILED
KITSAP COUNTY CLERK
2007 APR 18 AM 11:59
DAVID W. PETERSON

**SUPERIOR COURT OF WASHINGTON
COUNTY OF KITSAP**

State of Washington on behalf of:
MILDRED ANN VEDDER
Petitioner

vs.

SCOTT PAUL TURCHIN
Alleged Father

SHAWNIE ANN VEDDER
Mother

Respondents

NO: 07-3-00180-3
RETURN OF SERVICE
(SUPPORT MODIFICATION)
(RTS)

I DECLARE that:

1. I am over the age of 18 years, and I am not a party to this action.
2. I served SCOTT PAUL TURCHIN with the following documents:
 - a. Summons for Support Modification.
 - b. Petition for Support Modification.
 - c. Notice Re: Dependent of a Person in Military Service
 - d. Blank Financial Declaration.
 - e. Blank Washington State Child Support Schedule Worksheets.
 - f. Blank Confidential Information Form.
 - g. Sealed Financial Source Documents including the following:

SHAWNIE ANN VEDDER:
2004 & 2005 Income Tax returns.

SCOTT PAUL TURCHIN:
Employment Security Data dated 03/25/07.
3. The date, time and place of service were (if by mail or publication refer to Paragraph 4 below):
4. Service was made pursuant to Civil Rule 4(d) and RCW 26.09.175 (2) and (3) by a form of mail

ORIGINAL

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requiring a return receipt as provided in RCW 26.09.175(2). (Attach return receipt below.) The copies of the papers were mailed on 4-12-07.


5. SERVICE ON THE ATTORNEY GENERAL, IF THE CHILD IS RECEIVING PUBLIC ASSISTANCE.

Does not apply.

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

Signed at Port Orchard, Washington on 4-12-07.


LYNNE MILLER

NO ADDRESSEE COMPLETE THIS SECTION	COMPLETE THIS SECTION
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.	<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Scott Turchin</u> C. Date of Delivery <u>4/14/07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
1. Article Addressed to: SCOTT PAUL TURCHIN 7632 COLONY COURT BREMERTON, WA 98311-9337	
2. Article Number (Transfer from service label) <u>7006 0100 0002 2969 4125</u>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540