IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

IN THE MATTER OF:	:	
	:	
_____,	:	C.M. # _____
A person with a disability	:	

<u>AFFIDAVIT OF MAILING</u>

I, _____, mailed on this date,

_____ a copy of _____

_____ to the following interested parties:

Name	**Address**

_____ _____

Petitioner Co- Petitioner

STATE OF _____ :

COUNTY OF _____:

This instrument was acknowledged before me on this _____ day of

_____, 20_____ by _____ [Name of affiant].

_____

Notary Public/Chancery Court Clerk