**IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE**

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| --- | --- | --- |
| IN THE MATTER OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,A person with a disability  | :::: | C.M. # \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**CERTIFICATE OF MAILING**

The guardian(s) mailed on this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a copy of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the following interested parties:

|  |  |
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| **Name** | **Address** |
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Guardian Co- Guardian (if applicable)

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| I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Guardian’s Printed Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Guardian’s Signature)  | I declare under penalty of perjury under the laws of Delaware that the foregoing is true and correct. Executed on the \_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_ (year). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Co-Guardian’s Printed Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Co-Guardian ’s Signature)  |