

IN THE ORPHANS' COURT FOR
(OR) _____, MARYLAND
BEFORE THE REGISTER OF WILLS FOR

IN THE ESTATE OF:

ESTATE NO: _____

CERTIFICATE OF SERVICE

I herby certify that on the _____ day of _____, _____,
(month)
_____, I:
(year)

- personally delivered
- mailed by certified mail, postage prepaid,
- mailed by first-class mail, postage prepaid, or
- mailed by first-class mail, postage prepaid, return service requested,

a copy of _____

to the following persons:

(name and address)

(name and address)

(name and address)

(name and address)

(name and address)

(name and address)

(name and address)

(name and address)

Signature