ATTORNEY OR PARTY WITHOUT ATTORNEY (NAME, STATE BAR NUMBER AND ADDRESS)		FOR COURT USE ONLY
TELEPHONE NUMBER:	FAX NO. (Optional):	
EMAIL ADDRESS (Optional):		
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CA	LIFORNIA, COUNTY OF SAN LUIS OE	ISPO
MAILING ADDRESS: S CITY AND ZIP CODE: S	035 Palm Street, Room 385 ame as above an Luis Obispo, CA 93408 an Luis Obispo Division	
Guardianship Conservatorship		CASE NUMBER:
Estate	Trust	
Date:	Time:	Dept:
DECLARTION OF DILIGENT SEARCH		

## Note: You must use one form for EACH person you are unable to serve/locate.

I, the undersigned, declare:

1. I made a reasonable search and cannot locate and serve the following person

Name	Relationship to Minor/ Conservatee/ Decedent/ Trust

2. The last known address of the person named in paragraph 1 is:

Insert case name:	CASE NUMBER

3. I spoke with the following relatives and friends of this person named in paragraph 1, or others having knowledge of the person's whereabouts:

Name	Date of Contact	Relationship to Missing person	Result

Continued on Attachment 3.

4. I searched the telephone directly for \_\_\_\_\_ County, State of \_\_\_\_\_ (where the person was last known to live) and this was the result:

- 5. I contacted the California Prisoner Locator System at (916) 445-6713 and this was the result [complete only if there is a reason to believe the person is a prisoner in California]:
- 6. I searched the internet to locate the person and this was the result:

Insert case name:	CASE NUMBER

7. I checked with the following persons who may have knowledge concerning the whereabouts of the person named in paragraph 1:

Last known Employer	Date of contact	Result

Last known landlord	Date of contact	Result

- Continued on Attachment 7.
- 8. I searched the following public records in \_\_\_\_\_, County, State of \_\_\_\_\_, with the following result:

Tax Assessor's Name Index	
Voter Registration Records	
Other	

Continued on Attachment 8.

9. The last contact I had with the person named in paragraph 1 or the last information I had concerning his/ her whereabouts is as follows:

Continued on Attachment 9.

I declare under penalty of perjury under the laws of the State of California that the forgoing is true and correct.

Executed on (date)\_\_\_\_\_, at (city)\_\_\_\_\_, California.

(Type or print name)

(Signature)

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