



CIRCUIT ORPHANS' COURT FOR _____, MARYLAND

City/County

Located at _____ Case No. _____

Court Address

In the Matter of

Name of Minor or Alleged Disabled Person

**AFFIDAVIT OF ATTEMPTS TO CONTACT, LOCATE, AND IDENTIFY
INTERESTED PERSONS
(Md. Rule 10-203(c))**

I, _____, am: (check one)

- a party
- a person interested in the above-captioned matter
- an attorney.

I have reason to believe that the persons listed below are persons interested in the estate of

(Provide Any Information You Have) .

<u>Name</u>	<u>Relationship</u>	<u>Addresses</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have made a good faith effort to contact the persons listed above by the following means :

I solemnly affirm under the penalties of perjury that the contents of this document are true to the best of my knowledge, information, and belief.

Signature

Date