

# AFFIDAVIT OF SERVICE

SCL 004C (05/97)

Fill in:  
your name and address

	I <u>Cindy Neil</u> <u>Teacher</u>
	<small>NAME</small> <span style="margin-left: 150px;"><small>OCCUPATION</small></span>
	of <u>3619 Logan Way, Victoria, B.C., V6L 3T4</u>
	<small>ADDRESS</small>
	<input type="checkbox"/> Make oath and say that:
	<input checked="" type="checkbox"/> Solemnly affirm that:
the name of the party or other party served	I served <u>Douglas Freer</u>
the date service took place	on <u>July</u> <u>29</u> <u>2001</u>
	<small>month</small> <span style="margin-left: 50px;"><small>day</small></span> <span style="margin-left: 50px;"><small>year</small></span>
the address or location service took place	at <u>9271 Lochside Avenue, Sidney, B.C. V8L 2R1</u>
Tell what was served Check appropriate box	with <input checked="" type="checkbox"/> a copy of the "Summons to a Payment Hearing" attached
	<input type="checkbox"/> a copy to the "Summons to a Default Hearing" attached
	<input type="checkbox"/> _____
Tell how service took place	by <input checked="" type="checkbox"/> leaving a copy of it with him or her
	<input type="checkbox"/> as directed by the court by _____
	_____
	_____

Do not sign your affidavit until a commissioner for the taking of affidavits is present

signature of person who served the document

**Sworn/Affirmed before me on**

A commissioner for the taking of affidavits will witness your signature

month	day	year
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location where affidavit is sworn

signature of commissioner for taking affidavits for British Columbia