



Arizona Department of Real Estate (ADRE)

Real Estate Recovery Fund

www.azre.gov

Proof of Service – Certified Mail (RF-111)

100 N. 15th Ave., Suite 201 Phoenix AZ 85007

DOUGLAS A. DUCEY
GOVERNOR

JUDY LOWE
COMMISSIONER

The undersigned Applicant states the following:

1. Applicant is a citizen of the United States over the age of 18 years, and is competent to testify to the facts stated herein, which describe the circumstances warranting service by certified mail on the following Judgment Debtor:

2. Judgment Debtor currently holds a license issued by the Department of Real Estate.

3. Following is the Judgment Debtor's current address of record with the Department:

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

4. Pursuant to A.R.S. §32-2188.01(B), Applicant served the Judgment Debtor with the Notice to Judgment Debtor (Form RF-109) and the Application for Payment from the Recovery Fund (Form RF-107), with all of the attachments identified in the Application, by placing true copies in a sealed envelope addressed to the address identified in No. 3 above, with postage thereon fully prepaid, certified and return receipt requested, in the U.S. Postal Service mail as follows:

Location of Post Office: City \_\_\_\_\_ State \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_.

5. Attached are copies of the following (check all that apply):

[ ] Green card (return receipt) returned by the post office indicating when and to whom the envelope was delivered

[ ] The envelope returned undeliverable with the following explanation (check all that apply):

[ ] Moved - Left No Forwarding Address

[ ] Unclaimed

[ ] Other:

Check one: The original [ ] OR a copy [ ] of the envelope that was returned by the Post Office is attached.

CERTIFICATION BY APPLICANT

I declare that I have prepared and read the foregoing Proof of Service and know of my own knowledge that the facts, circumstances and statements made therein are true and correct.

EXECUTED on \_\_\_\_\_, 20\_\_\_\_,

Signature:

at \_\_\_\_\_, Arizona.

X \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

NOTICE TO APPLICANT:

Your Application is not substantially complete without proof of service on each Judgment Debtor against whom you are making a claim. Only use this method of service if both of the following conditions apply:

(1) The Judgment Debtor does not currently hold a license issued by the Department.

(2) After reasonable diligence, you cannot affect personal service on the Judgment Debtor.

When you receive the Publisher's Certificate, complete this form and attach the original certificate and process server's Affidavit(s) referenced in No. 4 above. Mail or submit via Message Center completed form and all attachments to:

Arizona Department of Real Estate
Recovery Fund Administrator
100 N. 15th Ave., Suite 201
Phoenix, AZ 85007