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Steven D. Grierson
CLERK OF THE COURT

AOS

LUBA DACE
(Your Name)
[redacted]
(Your Mailing Address)
LAS VEGAS, NV, 89118
(Your City, State, Zip Code)
[redacted]
(Your Telephone Number)

(Your Fax Number)
[redacted]
(Your E-mail Address)
Plaintiff, Self-Represented

EIGHTH JUDICIAL DISTRICT COURT

CLARK COUNTY, NEVADA

Plaintiff's Name: LUBA DACE

Plaintiff,

vs.

Defendant's Name: CAPITAL ONE

Defendant.

Case No.: A-23-876878-C
Dept. No.: 9

AFFIDAVIT/DECLARATION OF SERVICE UNDER PENALTY OF PERJURY

(Insert name of person performing service) PHILIP DACE, being duly sworn or under penalty of perjury, states that at all times relevant, I was over 18 years of age and not a party to or interested in the above-captioned case; that I served a copy of the ☒ Summons, ☒ Complaint, ☐ Other *(specify)* _____ on *(insert date and time you served)* 10/13, 2023, at the hour of 3:15 P.M., on Defendant *(insert Defendant's name)* CAPITAL ONE by the following method *(complete appropriate paragraph below)*:

☐ **Personal service per NRCP 4.2(a)(1)**: Delivering and leaving a copy with *(insert Defendant's name)* _____ at *(insert address at which you served)* _____.

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Case Number: A-23-876878-C

☐ **Substitute service per NRCP 4.2(a)(2)**: Delivering and leaving a copy with *(insert name or physical description of person served)* _____, a person of suitable age and discretion residing at Defendant's dwelling house or usual place of abode, at *(insert Defendant's address)* _____.

☐ **Service on a business entity per NRCP 4.2(c)(1)(A)**: Delivering and leaving a copy with *(insert name or physical description of person served)* _____, who is Defendant's *(check one)* ☐ registered agent, ☐ officer or director, ☐ partner, ☑ member, ☐ manager, ☐ trustee, or ☐ other *(specify)* _____, at *(insert address at which you served)* _____.

☑ **Other method of service authorized by Nevada statute or court rule**:

[redacted]

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAW OF THE STATE OF NEVADA THAT THE FOREGOING IS TRUE AND CORRECT.

SERVER'S SIGNATURE: _____ **Date:** 10/13/2023

[redacted]

Server's ☐ Residential/ ▬ Business Address: [redacted] #184

☐ I am a licensed process server or an employee of a licensed process server; my license or registration number is *(insert license or registration number)*: _____.

▬ I am not required to be licensed under chapter 648 of the Nevada Revised Statutes or another provision of law because am not engaged in the business of serving legal process within the State of Nevada.

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