STATE OF WISCONSIN, CIRCUIT COURT,		COUNT	Υ
IN THE MATTER OF THE ESTATE OF		☐ Amended	
Name		Affidavit of Servic (Probate)	e
		Case No	
I, [Name] of [City], State of, being sworn, state that on [Date], I provided copies of the following documents			opping of the following documents
Documents Provided			
	is on file, OR tached (no original on file)		
to the following named persons at the mailing address as listed:			☐ See attached
NAME	MAILING	ADDRESS	TYPE OF SERVICE***
*** TYPE OF SERVICE: Refer to	o Wisconsin Statutes for prope	r manner of service.	Type of Service: Personal Service Mail Certified mail return receipt requested
State of		•	
County of		Signature	
Subscribed and sworn to before me on		Name Printed or Typed	
Notary Public/Court Official		TG.III.	
Name Print	ed or Typed		Address
My commission/term expires:	**	Email Address	Telephone Number
☐ This notarial act involved the use of communication technology.		Lillali Address	relephone Number
This flotalial act involved the use of communication technology.		Date	State Bar No. (if any)
Form completed by: (Name)			
Address			
Email Address			
Telephone Number	Bar Number (If any)		