STATE OF WISCONSIN, CIRCUIT COURT,		COUNT	Υ
IN THE MATTER OF THE ESTATE OF		☐ Amended	
Name		Declaration of Ser (Probate)	vice
		Case No.	
I, [Name], o	declare that on [Date]	of [City], I provided  Documents Provided	copies of the following documents
to the following named person	attached (no original on ons at the mailing ac	ddress as listed:	☐ See attached
NAME		MAILING ADDRESS	TYPE OF SERVICE***
*** TYPE OF SERVICE: Refer to Wisconsin Statutes for proper ma		I declare under the crir that the information I h accurate.	Type of Service: Personal Service Mail Certified mail return receipt requested ninal penalty of false swearing ave provided is true and
		Name Printed or Typed	
		Address	
		Email Address	Telephone Number
Form completed by: (Name)		Date	State Bar No. (if any)
Address			
Email Address			
Telephone Number	Bar Number (If any)		