

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

**Declaration of Service
(Probate)**

Case No. _____

I, [Name] _____ of [City] _____,
State of _____, declare that on [Date] _____, I provided copies of the following documents:

Documents Provided

- the original of which is on file, OR
 a copy of which is attached (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 Wisconsin Statutes for proper manner of service.

Type of Service:

Personal Service

Mail

Certified mail return receipt requested

**I declare under the criminal penalty of false swearing
that the information I have provided is true and
accurate.**



Signature _____

Name Printed or Typed _____

Address _____

Email Address _____

Telephone Number _____

Date _____

State Bar No. (if any) _____

Form completed by: (Name)	
Address	
Email Address	
Telephone Number	Bar Number (If any)