

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Affidavit of Service  
(Minor Guardianship of the Estate)**

Date of Birth \_\_\_\_\_

Case No. \_\_\_\_\_

I, [Name] \_\_\_\_\_ of [City] \_\_\_\_\_, State of \_\_\_\_\_, being sworn, state that on [Date] \_\_\_\_\_, I provided copies of the following documents:

Documents provided: \_\_\_\_\_

the original of which is on file

a copy of which is attached

to the following named persons at the address/facsimile number listed:

See attached

NAME	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
- FAX with transmittal receipt

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_

This notarial act involved the use of communication technology.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date