

AFFIDAVIT OF CORRECTION

THIS FORM IS INTENDED TO CORRECT SCRIVENERS ERRORS

This form should not be used for the following Purposes without the notarized signatures of the Grantor/Grantee:

- *Altering boundary lines
- *Adding property
- *Altering title/ownership
- *Deleting property

AFFIANT, _____, hereby swears or affirms that a certain document which was titled as follows: _____ (type of document), Recorded on the ____ day of _____, _____ in volume _____ page _____, as document number _____ And was recorded in _____ County, State of Wisconsin, Contained the following error (if more space is needed, please attach addendum):

Return to:

The correction is as follows (if more space is needed please attach an addendum):

Parcel Identification number

A complete original or copy of the original document should be attached

Dated this _____ day of _____, _____.

Affiant's Signature (type name below)

Grantee's Signature (type name below)

* _____

* _____

Grantor's Signature (type name below)

Grantee's Signature (type name below)

* _____

* _____

Grantor's Signature (type name below)

* _____

ACKNOWLEDGEMENT

STATE OF WISCONSIN }
 } ss.
_____County }
Subscribed and sworn to (or affirmed) before me
This _____ day of _____

* _____
Notary Public, State of Wisconsin
My commission is permanent. (if not, state expiration date:
_____, _____.)

Drafted by: _____

*Names of Persons signing in any capacity must be typed or printed below their signature.
"Optional. NOT mandatory form. Use at your Own Risk. Consult an Attorney before signing."