AFFIDAVIT OF CORRECTION

Type or print CLEARLY using BLACK ink.	
AFFIANT (name and company if applicable),	
hereby swears or affirms that a certain document which was titled as follows:	
on the day of,	
(year) as document number and in volume (if applicable) and page (if applicable)	
and was recorded in County, State of Wisconsin, contained	
the following error (if more space is needed, please attach addendum):	
	Return Document to:
AFFIANT makes this Affidavit for the purpose of correcting the above document as follows (if more space is needed, please attach addendum):	
	Parcel Identification Number (PIN)
	Grantor (from document being corrected)
	Grantee (from document being corrected)
AFFIANT is the (check one): □ Drafter of the document being corrected □ Owner of the property described in the document being corrected □ Other (Explain:)
The original document (in part or whole) \Box is \Box is not attached to this Affidavi attach legal description and include names of grantor(s) and grantee(s).	
Dated: Signed:	
*	
STATE OF WISCONSIN, County of	
Signed and sworn to before me onby the above-named person(s).	This instrument ☐ is ☐ is not (check one) a conveyance of real property as per s. 77.21(1) Wisconsin Statutes. (A Wisconsin Real Estate Transfer Return is required for instruments that do convey real property.)
Signature of Notary or other person authorized to administer an oath as per Sec. 706.06, 706.07	This document drafted by:
Print or type name:	accament aranga by.
Title:	(name and company if applicable)
Date Commission expires:	