

# Affidavit of Correction

THIS FORM IS INTENDED TO CORRECT SCRIVENER'S 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 the attached document recorded on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in Volume/Card \_\_\_\_\_, page/image \_\_\_\_\_, as Document No. \_\_\_\_\_ and was recorded in the Register of Deeds of \_\_\_\_\_, State of WI, contained the following error:  
(if more space is needed, please attach an addendum):

PIN: \_\_\_\_\_

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

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

Dated this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Affiant's Signature (type name below)

\*

\_\_\_\_\_  
Grantee's Signature (type name below)

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\_\_\_\_\_  
Grantor's Signature (type name below)

\*

\_\_\_\_\_  
Grantee's Signature (type name below)

\*

\_\_\_\_\_  
Grantor's Signature (type name below)

\*

STATE OF WISCONSIN

COUNTY OF \_\_\_\_\_ SS.

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(type name below)

Notary Public, State of Wisconsin

My Commission expires/is: \_\_\_\_\_

Drafted By: \_\_\_\_\_