

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE MATTER OF

Amended

THE GUARDIANSHIP OF JOHN A. SAMPLE
Name

**Affidavit of Service
(Guardianship,
Conservatorship,
Protective Placement or
Protective Services)**

January 1, 1996
Date of Birth

Case No. 15 GN 000

I, [Name] Name of Assistant of [City] Milwaukee,
State of Wisconsin, being sworn, state that on [Date] date of mailing, I provided copies of
the following documents:

Documents provided:

Petition for Permanent Guardianship Due to Incompetency
Order and Notice of Hearing

- 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***
Betty A. Sample	123 E. Wells Street, Milwaukee, WI 53202	Mail
Bob A. Sample	123 E. Wells Street, Milwaukee, WI 53202	Mail
Billy A. Sample	123 E. Wells Street, Milwaukee, WI 53202	Mail
Dewey Martin	901 N. 9 th Street, #303, Milwaukee, WI 53233	Mail
Priscilla Beadle MA MSW	1220 W. Vliet Street, 3 rd Floor, Milwaukee, WI 53205	Mail

*** 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: _____

Signature

Name of Assistant

Name Printed or Typed

Quarles & Brady LLP, 411 E. Wisconsin Avenue, Milwaukee,
WI 53202

Address

Name of Attorney <u>Name of Attorney, Quarles & Brady LLP</u>	
Address <u>411 E. Wisconsin Avenue, Suite 2400</u> <u>Milwaukee, WI 53202</u>	
Telephone Number <u>414.277.1234</u>	Bar Number <u>1234567</u>

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE MATTER OF

Amended

THE GUARDIANSHIP OF JOHN A. SAMPLE
Name

**Affidavit of Service
(Guardianship,
Conservatorship,
Protective Placement or
Protective Services)**

January 1, 1996
Date of Birth

Case No. 15 GN 000

I, [Name] Name of Assistant of [City] Milwaukee,
State of Wisconsin, being sworn, state that on [Date] date of mailing, I provided copies of
the following documents:

Documents provided:

- Petition for Permanent Guardianship Due to Incompetency
- Order and Notice of Hearing
- Examining Physician's or Psychologist's Report
- Statement of Acts and Consent to Serve for Betty A. Sample and Billy A. Sample

- 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***
Name of the Guardian ad Litem	123 GAL Street, Milwaukee, WI 53202	Mail

*** 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: _____

Signature

Name of Assistant

Name Printed or Typed

Quarles & Brady LLP, 411 E. Wisconsin Avenue, Milwaukee,
WI 53202

Address

Name of Attorney Name of Attorney, Quarles & Brady LLP	
Address 411 E. Wisconsin Avenue, Suite 2400 Milwaukee, WI 53202	
Telephone Number 414.277.1234	Bar Number 1234567

STATE OF WISCONSIN, CIRCUIT COURT, MILWAUKEE COUNTY

For Official Use

IN THE MATTER OF

Amended

THE GUARDIANSHIP OF JOHN A. SAMPLE
Name

**Affidavit of Service
(Guardianship,
Conservatorship,
Protective Placement or
Protective Services)**

January 1, 1996
Date of Birth

Case No. 15 GN 000

I, [Name] _____ of [City] _____,
State of _____, being sworn, state that on [Date] _____, I provided copies of
the following documents:
Documents provided: Petition for Permanent Guardianship Due to Incompetency
Order and Notice of Hearing
Examining Physician's or Psychologist's Report

- 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***
John A. Sample	123 E. Wells Street, Milwaukee, WI 53202	Personal Service, and I certify that I informed John A. Sample of the complete contents of the Petition for Guardianship Due to Incompetency and the Order and Notice of Hearing.

*** 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 _____

Signature

Notary Public/Court Official

Name Printed or Typed

Name Printed or Typed

Address

My commission/term expires: _____

Name of Attorney Name of Attorney, Quarles & Brady LLP	
Address 411 E. Wisconsin Avenue, Suite 2400 Milwaukee, WI 53202	
Telephone Number 414.277.1234	Bar Number 1234567