

State Bar of Wisconsin Form 00-2011  
**CORRECTION INSTRUMENT**

Under Wis. Stat. § 706.085

Document Number

Document Name

**Undersigned** hereby states that a certain document ("conveyance") titled as \_\_\_\_\_ (type of document), and executed between \_\_\_\_\_, Grantor, and \_\_\_\_\_, Grantee, was recorded in \_\_\_\_\_ County, Wisconsin, on \_\_\_\_\_, \_\_\_\_\_, in volume \_\_\_\_\_, page \_\_\_\_\_, as document number \_\_\_\_\_, and contained the following error:

Recording Area

Name and Return Address

Undersigned makes this Correction Instrument for the purpose of correcting the conveyance as follows:

The basis for Undersigned's personal knowledge is (check one):

- Undersigned is the Grantor/Grantee of the property described in the conveyance.
- Undersigned is the drafter of the conveyance that is the subject of the Correction Instrument
- Undersigned is the settlement agent in the transaction that is the subject of this Correction Instrument
- Other (Explain): \_\_\_\_\_

Parcel Identification Number (PIN)

A copy of the conveyance (in part or whole)  is  is not attached to this Correction Instrument (if a copy of the conveyance is not attached, attach the legal description).

Undersigned has sent notice of the execution and recording of this Correction Instrument by 1<sup>st</sup> class mail to all parties to the transaction that was the subject of the conveyance at their last known addresses.

Dated \_\_\_\_\_.

\_\_\_\_\_  
\* \_\_\_\_\_ (SEAL)

**AUTHENTICATION**

Signature of \_\_\_\_\_  
\_\_\_\_\_

authenticated on \_\_\_\_\_,

\_\_\_\_\_  
\*  
TITLE: MEMBER STATE BAR OF WISCONSIN  
(If not, \_\_\_\_\_  
authorized by Wis. Stat. §706.06)

THIS INSTRUMENT DRAFTED BY:  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT**

STATE OF WISCONSIN        )  
  ) ss  
\_\_\_\_\_ COUNTY         )

Personally came before me on \_\_\_\_\_,  
the above-named \_\_\_\_\_  
to me known to be the person who executed the foregoing  
instrument and acknowledged the same.

\_\_\_\_\_  
\*  
Notary Public, State of Wisconsin  
My Commission (is permanent) (expires: \_\_\_\_\_)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

**NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.**