

AFFIDAVIT OF ATTEMPTED SERVICE

Milwaukee Co. [] Racine Co. [] Kenosha Co. [] Waukesha Co. [] Walworth Co. [] _____ Co.

STATE OF WISCONSIN}
Milwaukee County} ss

Case No. _____

Court Date: 5-29-09

Document(s) attached: [] Summons & Complaint [x] Summons [] Complaint [] Order to Show Cause [] Order [] Notice of Hearing [] Subpoena
[] Subpoena Duces Tecum [] Check in the Amount of _____ [] Order to Appear before a Court Commissioner
[] Temporary Restraining Order & Notice of Hearing [] Petition ___ for Termination of Parental Rights ___ for Protection and/or Services

Other _____

I, Joseph Kravacum, being duly sworn that I am an adult resident of this State and I am not a party to the

legal action to which this affidavit is attached. I further swear that I was not able to serve the above listed documents upon the below named party after the attempts and activities listed below:

Name: KATHLEEN MARIE SHARON [] Defendant [x] Named Parties

Provided [] Located Address: 8610 COLOGN LANE Way

[] City of Milwaukee / or: Franklin State of Wisconsin.

** 523 09 6:26 [] am [] pm NO ANSWER ** 1 / 09 [] am [] pm
** 524 09 1037 [] am [] pm NO ANSWER ** 1 / 09 [] am [] pm
** 527 09 2:46 [] am [] pm NO ANSWER ** 1 / 09 [] am [] pm
** 1 / 09 [] am [] pm ** 1 / 09 [] am [] pm
** 528 09 537 [] am [] pm 3674 S HOWARD DR NOT IN [] am [] pm

RESULTS/NOTES RE: ATTEMPTS NO ANSWER ALL ATTEMPTS, DO RESPONSE TO CONTACT CARDS, NOT IN @ PLACE OF BUSINESS

ADDITIONAL ACTIVITIES TO SERVE OR LOCATE:

Checked Us Post Office, Zip Code _____ Sent by _____ Date _____ Report attached [] Not returned []

Wisconsin Drivers License Record Search [] Yes, affidavit attached [] No

WI CCAP Completed by _____ [] no record [] no new information [] new information, report attached

Called provided / located telephone no. _____ Results: _____

Checked directories: [] AT & T [] Polk [] Cole Results: _____

Notes: _____

FAXED MAY 29 2009

Subscribed and sworn to before me this 29 day of May 2009

STATE PROCESS SERVICE, INC.

_____ OF _____ AFFIDAVITS

Notary Public My Commission expires: 10/17/10

Fee for Service: _____

Fees: Mileage @ .50 /mile

Fees: Hourly @ \$37.50 /hr

Special Fees: _____

AGENT

TOTAL FEES: \$2800

AFFIDAVIT OF ATTEMPTED SERVICE

Milwaukee Co. Racine Co. Kenosha Co. Waukesha Co. Walworth Co. _____ Co.

STATE OF WISCONSIN}
Milwaukee County} ss

Case No. _____

Court Date: 6-22-09

Document(s) attached: Summons & Complaint Summons Complaint Order to Show Cause Order Notice of Hearing Subpoena
 Subpoena Duces Tecum Check in the Amount of _____ Order to Appear before a Court Commissioner
 Temporary Restraining Order & Notice of Hearing Petition ___ for Termination of Parental Rights ___ for Protection and/or Services

Other _____

I, Joseph Kratochvil, being duly sworn that I am an adult resident of this State and I am not a party to the legal action to which this affidavit is attached. I further swear that I was not able to serve the above listed documents upon the below named party after the attempts and activities listed below:

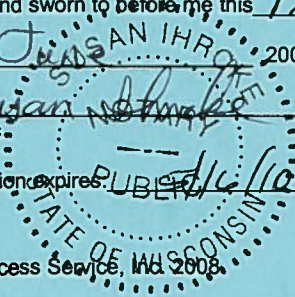
Name: KATHLEEN MAWAK SHALLOW Defendant Named Parties
 Provided Located Address: 8610 GOLDEN LAKE WAY
 City of Milwaukee / or: FRANKLIN State of Wisconsin.

** 6/15/09 7:24 am pm NO ANSWER ** 1/1/09 _____ am pm _____
** 6/16/09 1:37 am pm NO ANSWER ** 1/1/09 _____ am pm _____
** 6/16/09 3:30 am pm 3674 S. HOWARD AVE - NOT IN ** 1/1/09 _____ am pm _____
** 6/16/09 8:10 am pm NO ANSWER ** 1/1/09 _____ am pm _____
** 1/1/09 _____ am pm _____ ** 1/1/09 _____ am pm _____

RESULTS/NOTES RE: ATTEMPTS NO ANSWER ALL ATTEMPTS, NOT IN AT PLACE OF EMPLOYMENT.

ADDITIONAL ACTIVITIES TO SERVE OR LOCATE:
Checked Us Post Office, Zip Code _____ Sent by _____ Date _____ Report attached Not returned
Wisconsin Drivers License Record Search Yes, affidavit attached No
WI CCAP Completed by _____ no record no new information new information, report attached
Called provided / located telephone no. _____ Results: _____
Checked directories: AT & T Polk Cole Results: _____
Notes: _____

Subscribed and sworn to before me this 17th day of JUNE, 2009
Notary Public: Susan [Signature]
My Commission expires: 6/16/10



STATE PROCESS SERVICE, INC.

1 OF 1 AFFIDAVITS

Fee for Service: _____
Fees: Mileage 101 @ .50 /mile 50.50
Fees: Hourly 3 @ \$37.50 /hr 112.50
Special Fees: _____

© State Process Service, Inc. 2008
AGENT [Signature] TOTAL FEES: \$ 163.00