

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

**Petition for
 Summary Settlement**
 **with Special Administration
 (Formal Administration)**

Case No. _____

UNDER OATH, I STATE:

1. The decedent, with date of birth _____ and date of death _____, was domiciled in _____ County, State of _____, with a mailing address of _____.
2. The petitioner is interested as _____.
3. The estate of the decedent
 - qualifies for summary settlement without appointment of a personal representative.
 - was started under formal administration, meets the requirements for termination under summary settlement of small estates.
 - was started as an informal administration, demands formal proceedings, and meets the requirements for termination under summary settlement of small estate.
4. The estate is one properly settled under summary settlement in that *(Select either A or B below.)*
 - A. the estate, less the amount of the debts for which any property in the estate is security, does not exceed in value the costs, expenses, allowances, and claims under §859.25(1)(a) to (g), Wis. Stats.
 - B. the estate, less the amount of the debts for which any property in the estate is security, does not exceed \$50,000 in value and the decedent is survived by a spouse or domestic partner, or one or more minor children.
5. A detailed statement of all property subject to administration including any encumbrance, lien, or other charge against each is as follows: **See attached**

| Description of Property <small>Includes real estate, stocks or bonds, licensed motor vehicles and all other property, including digital property as defined under §711.03(10), Wis. Stats.</small> | Value of Decedent's Interest at Date of Death |
|---|---|
| A. <u>Total value of property subject to administration</u> | \$ |
| B. <u>Minus total value of encumbrances, liens or other charges against each item of property</u> | (\$) |
| C. <u>Net value of property subject to administration</u> | |
| TOTAL | \$ |
| <small>(Value from Section A less total from Section B)</small> | |

- 6. The decedent had a life estate or interest as a joint tenant or there is property which is security for a debt in which decedent had such interests for which a certificate has not been issued. Any real estate in which the decedent had this interest is described as follows: **See attached**

| Description of Property <small>Includes real estate, stocks or bonds, licensed motor vehicles and all other property, including digital property as defined under §711.03(10), Wis. Stats.</small> | Decedent's Interest |
|---|---------------------|
| | |

7. The names and mailing addresses of all creditors of the decedent or the decedent's estate of whom the petitioner has knowledge and the amounts of their claims are as follows: See attached

| Name of Creditor | Mailing Address | Claim Amount |
|------------------|-----------------|--------------|
| | | \$ |

8. The names and mailing addresses of all interested persons (including children of decedent who are not children of the surviving spouse or domestic partner), so far as known to petitioner or ascertainable by the petitioner with reasonable diligence are as follows: (For any person with disabilities, also list any guardian of estate; for any person in the military, also list attorney or attorney in fact; and for any minor, list date of birth.) See attached

| Name | Relationship | Mailing Address | If Minor, Date of Birth |
|------|--------------|-----------------|-------------------------|
| | | | |

9. The decedent
- did did not receive Medical Assistance/Medicaid.
- did did not receive Family Care and/or Partnership benefits (through a Managed Care Organization MCO/CMO).
- did did not receive benefits from the Community Options Program (COP).
- did did not receive benefits from Wisconsin Chronic Disease Program.
- was was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county

Explain: _____

The affiant lacks information to complete this section.

10. If the decedent was ever married, complete the following: (If more than one spouse, provide the same information on a separate page.) See attached
- Name of spouse [living or deceased] _____
- Married to decedent Divorced from decedent at time of decedent's death.
- The spouse did did not receive benefits from the Community Options Program (COP).
- The spouse did did not receive benefits from the Wisconsin Chronic Disease Program.
- The affiant lacks information to complete this section.

11. It is necessary to appoint a special administrator with the following powers: _____

12. Other: _____

I REQUEST THE COURT:

Assign the property to the persons entitled to it as follows: See attached

| Person(s) Entitled to Receive | Description of Property (Include real estate, stocks or bonds, licensed motor vehicles and all other property (including digital property as defined under §711.03(10), Wis. Stats.) | Value |
|-------------------------------|---|-------|
| | | \$ |

1. Order any person indebted to or holding money or other property of the decedent to pay the indebtedness or deliver the property to the persons found to be entitled to receive it.
2. Certify the termination of any life estate or the right of survivorship of any joint tenant in the property described.
3. Order termination of any estate commenced under Chapter 856, discharge the personal representative and cancel any bond.

4. Appoint [Name] _____, mailing address _____ as special administrator with the powers requested.

5. Other: _____

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

 Petitioner

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

My commission/term expires: _____

This notarial act involved the use of communication technology.

| | |
|---------------------------|------------|
| Form completed by: (Name) | |
| Address | |
| Email Address | |
| Telephone Number | Bar Number |