

IN THE MATTER OF THE ESTATE OF

Amended

Name \_\_\_\_\_

**Petition for Formal Administration**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

- The decedent, with date of birth \_\_\_\_\_ and date of death \_\_\_\_\_, was domiciled in \_\_\_\_\_ County, State of \_\_\_\_\_, with a mailing address of \_\_\_\_\_.
- I am interested as \_\_\_\_\_.
- The estimated **net value** of decedent's property requiring administration is \$ \_\_\_\_\_.
- 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 the 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.

- If the decedent was ever married, complete the following: (If more than one spouse,  **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.

**(Complete question 6 OR 7 below, whichever is applicable.)**

- The decedent died leaving a  will, dated \_\_\_\_\_,  codicil(s) (if any), dated \_\_\_\_\_.  
 I believe these documents were executed properly and are valid. I made diligent inquiry and am unaware of any revocation by decedent.

The original will, including any codicil(s),

- is in the possession of the court. Case number \_\_\_\_\_, if known.
- accompanies this application.
- was probated elsewhere and an authenticated copy accompanies this application.
- is en route to the court by mail or personal delivery (for eFilers only).

The personal representative(s) named by the decedent in the will or any codicil(s) is [Name] \_\_\_\_\_.

I nominate \_\_\_\_\_ to serve as personal representative(s).

The trustee(s) named by the decedent in the will or any codicil(s) is [Name] \_\_\_\_\_.

I nominate \_\_\_\_\_ to serve as trustee(s).

