

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

☐ Amended

Name _____

Petition for Formal Administration

Case No. _____

I DECLARE THAT:

1. The decedent, with date of birth _____ and date of death _____, was domiciled in _____ County, State of _____, with a mailing address of _____.
2. I am interested as _____.
3. The estimated **net value** of decedent's property requiring administration is \$ _____.
4. 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 declarant lacks information to complete this section.
5. 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 declarant lacks information to complete this section.

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

- ☐ 6. 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).

- ☐ 7. I made diligent inquiry and am unaware of any unrevoked will of the decedent and believe that the decedent died leaving no will.

I nominate _____ to serve as personal representative(s).

8. The names and mailing addresses of all interested persons are:

(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.)

Name	Relationship (e.g. Heir, Beneficiary, Fiduciary)	Mailing Address	If Minor, Date of Birth

- ☐ 9. Other: _____

I REQUEST:

1. The Petition for administration be granted and the heirs determined.
- ☐ 2. The will, including any codicil(s), be admitted to probate.
3. Domiciliary letters be issued to _____.
- ☐ 4. The following person(s) *[insert name(s)]* _____ be appointed as Trustee(s) for the following trust: _____.
- ☐ See attachment for additional trusts.
- ☐ 5. Other: _____

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.



Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

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