STATE	OF WISCONSIN, CIRCUIT COURT	, COUNTY				
IN THE	MATTER OF THE ESTATE OF	☐ Amended				
Name		Petition for Formal Administration				
		Case No				
UNDEF	R OATH, I STATE:					
1.	The decedent, with date of birth	and date of death				
		County, State of				
2.	I am interested as					
3.	The estimated net value of decedent's property requiring administration is \$					
4.	did did not receive Family Came MCO/CMO). did did not receive benefits for receive Family Came MCO/CMO).	-	ible for any person owing an			
	`					
5.	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 <u>OR</u> 7 below, whichever is applicable.)						
☐ 6.		dated Codicil(s) (if any),				
	accompanies this application was probated elsewhere and is en route to the court by ma The personal representative(s) name	ourt. Case number, if known.	ion. 			
	I nominate to serve as	, , ,				
	The trustee(s) named by the decede [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 REQI	JEST:						
1.	The Petition for admir	nistration be granted and th	e heirs determined.				
<u> </u>	The will, including any codicil(s), be admitted to probate.						
3.	Domiciliary letters be issued to						
☐ 4.	Letters of trust be issued to						
	Letters of trust be issu	ued to					
<u> </u>	Other:						
State c	of						
County of Subscribed and sworn to before me on			Petitioner				
	Notary Public/C	ourt Official	Name Printed or Typed				
	Name Printed		Address				
My commission/term expires: This notarial act involved the use of communication technology.			Email Address	Telephone Number			
			Date	State Bar No. (if any)			
	pleted by: (Name)						
Address							
Email Add	dress		-				
Telephone Number		Bar Number	-				