

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

For Official Use

IN THE MATTER OF THE ESTATE OF

Amended

Claim Against Estate

Informal Administration

Formal Administration

Case No. _____

UNDER OATH I STATE:

1. I, (Name) _____ of (City) _____, State of _____.

2. The nature and amount of this claim is: (If claim is based on a written document, attach a complete copy.) See attached

Nature of Claim	Amount of Claim
	\$
TOTAL	\$

3. This amount is due.
 not yet due and will or may become due on (Date) _____.

4. No payments were made on this claim which are not credited, and there were no offsets except: _____

5. If the decedent was survived by a spouse, the classification of the obligation under §766.55(2), Wisconsin Statutes is as follows:
- A. Support obligation owed spouse or child.
 - B. Obligation incurred in the interest of the marriage.
 - C. Obligation incurred prior to marriage or prior to January 1, 1986.
 - D. Tort.
 - E. Other: _____

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

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

▶ _____
Claimant

Name Printed or Typed

Address

Telephone Number

Date

Form completed by: (Name)	
Address	
Telephone Number	Bar Number (If any)

NOTE: A statutory filing fee of \$3.00 shall accompany each claim filed.