

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Petition to Transfer  
Income and Assets of Person  
under Guardianship**

Date of Birth \_\_\_\_\_

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

**UNDER OATH, I STATE:**

1. I am the

guardian of the estate.

other individual. [Explain] \_\_\_\_\_

2. I petition the court to transfer income or assets (as described below) of the above-named ward to \_\_\_\_\_.

3. Income or assets to be transferred:

See attached

4. I am petitioning for this disposition for the following reasons: \_\_\_\_\_

5. There  has  has not been a prior proceeding by anyone seeking this authority with respect to the ward's income and assets. If there was a proceeding, describe the nature of the proceeding and the disposition made:  
\_\_\_\_\_

6. The amount and nature of the ward's financial obligations, including monies currently and prospectively required to provide for the ward's maintenance, support, and well-being and to provide for others dependent upon the ward for support, regardless of whether the ward is legally obligated to provide the support are as follows:  
\_\_\_\_\_

A copy of a court order or written agreement that specifies support obligations of the ward is attached.

7. If ascertainable, the wishes of the ward concerning this transaction are:  
\_\_\_\_\_

8. The ward  has  has not executed a will, trust or other instrument (for nontestamentary transfer). A copy

A. is filed with this Petition together with a statement specifying how I secured the copy, the manner in which the terms became known to me and why I believe the copy is of the ward's most recently executed will, trust, or other instrument (for nontestamentary transfer).

B. is not filed with this Petition. I have made the following efforts to obtain a copy or ascertain information regarding an estate plan: \_\_\_\_\_

9. The ward made significant gifts or had a pattern of lifetime gifting as follows:  
\_\_\_\_\_  
\_\_\_\_\_

10. Eligibility of the ward for public benefits (including Medical Assistance) is or will be affected as follows:  
\_\_\_\_\_  
\_\_\_\_\_

11.  A. The guardian of person (if not petitioner)  agrees with  objects to this transaction.

B. The guardian of estate (if not petitioner)  agrees with  objects to this transaction.

12. The following is a list of presumed adult heirs of the ward that can be ascertained with reasonable diligence and the named or described beneficiaries under the most recent will, trust or other instrument executed by the ward.

See attached

Name	Mailing Address [Street, City, State, Zip]	Relationship

13. A copy of any offer, or proposed contract or agreement concerning this transaction is attached.

**I REQUEST THE COURT:**

1. Order a hearing on this Petition.
2. Make appropriate findings.
3. Award appropriate fees and costs.

4. Other: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_



\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_

\_\_\_\_\_  
Date