

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

Application for Informal Administration

Case No. _____

UNDER OATH, I STATE:

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. Other proceedings concerning the estate of the decedent are are not pending in this state or elsewhere. Explain: _____.
4. The estimated net value of decedent's property requiring administration is \$ _____.
5. 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 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: _____

I lack information to complete this section.
6. 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.
 I lack information to complete this section.

(Complete question 7 OR 8 below, whichever is applicable.)

7. 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.
 - 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 and/or any codicil is:
 Name(s) _____
 I nominate _____ to serve as personal representative(s).
- The trustee(s) named by the decedent in the will and/or codicil is:
 Name(s) _____
 I nominate _____ to serve as trustee(s).
8. 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).

9. 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.) See attached

Name	Relationship [e.g. Heir, Beneficiary, Fiduciary]	Mailing Address [Street, City, State, Zip]	If Minor, Date of Birth

10. Other: _____

I REQUEST:

- 1. A statement of informal administration be issued.
- 2. The will, including any codicil(s), be admitted to informal administration.
- 3. Domiciliary letters be issued to _____
- 4. Letters of trust be issued to _____
for the following trust: _____
Letters of trust be issued to _____
for the following trust: _____
- 5. Other: _____

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

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

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

▶ _____
 Applicant

 Name Printed or Typed

 Address

 Telephone Number

 Date