

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Name _____

- Amended
- Interim**
- Final**
- Supplemental Estate Account**
- Informal Administration**
- Formal Administration**

Case No. _____

UNDER OATH I VERIFY:

I am the personal representative special administrator of this estate and this estate account is true and correct. The following is my account of the administration of this estate from [Date of Death or Date of prior estate account] _____ to [Date] _____. **List interested persons on page 2.**

RECEIPTS	TOTAL	DISBURSEMENTS	TOTAL
Net Value of property, subject to administration from Inventory (or assets on hand as of last estate account)		Funeral Expenses Schedule (F)	
Added Property to which the decedent was entitled to on Date of Death not included in Inventory or prior Estate Account, including refunds. Schedule (A)		Debts of Decedent (G)	
Dividends (B)		Claims (including those by judgment) (H)	
Interest (C)		Taxes Paid (I)	
Capital Gains (Losses) (D)		Interest Paid (J)	
Other Receipts (E)		Administration Expenses (K)	
		Other Payments (L)	
		Distributions Paid to Date (M)	
		TOTAL DISBURSEMENTS	
		Assets on Hand (N)	
TOTAL		TOTAL	

Totals in each column must be the same.

Proposed distribution of Assets on Hand (Schedule O)	
Total Fees paid during administration:	
Personal Representative:	
Guardian Ad Litem:	
Special Administrator:	
Attorney:	

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

 Notary Public/Court Official

 Name Printed or Typed
 My commission/term expires: _____

▶ _____
 Personal Representative/Special Administrator

 Name Printed or Typed

 Address

 Telephone Number

 Date

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

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____



 Personal Representative/Special Administrator

 Name Printed or Typed

 Address

 Telephone Number

 Date

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

ESTATE ACCOUNT SUPPORTING SCHEDULE

List of Interested Persons

The names and mailing addresses of all interested persons are as follows:

(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	Mailing Address	If Minor, Date of Birth

