

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF _____

Amended

Claim Against Estate

Informal Administration

Formal Administration

Case No. _____

UNDER OATH I STATE:

1. The name and address of the claimant is:

Name _____

Address [Street, City, State, Zip] _____

Phone Number _____

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 is 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), Wis. Stats., 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 or Claimant's Representative

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.