

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

IN THE MATTER OF THE ESTATE OF

Amended

Name \_\_\_\_\_  
\_\_\_\_\_

**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
	\$
<b>TOTAL</b>	\$

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.