

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

**Petition for
Summary Assignment
 with Special Administration
(Formal Administration)**

Case No. _____

I DECLARE THAT:

1. The decedent, with date of birth _____ and date of death _____, was domiciled in _____ County, State of _____, with a mailing address of _____.
2. The petitioner is interested as _____.
3. The estate is one properly settled under summary assignment in that the estate, less the amount of the debts for which any property in the estate is security, does not exceed \$50,000 in value and cannot be summarily settled under §867.01, Wis. Stats.
4. The estate of the decedent started under formal administration or summary settlement, meets the requirements for termination under summary assignment of small estates.
5. After reasonable search
 - A. a will dated _____ was filed or accompanies this petition.
 - B. no will of the decedent was found.
6. A detailed statement of all property subject to administration including any encumbrance, lien, or other charge against each is as follows: See attached

Description of Property	Value of Decedent's Interest at Date of Death
Includes real estate, stocks or bonds, licensed motor vehicles and all other property, including digital property as defined under §711.03(10), Wis. Stats.	
A. <u>Total value of property subject to administration</u>	\$
B. <u>Minus total value of encumbrances, liens or other charges against each item of property</u>	(\$)
C. <u>Net value of property subject to administration</u>	
TOTAL	\$
(Value from Section A less total from Section B)	

Property will be provided by affidavit at a later date.

7. The decedent had a life estate or interest as a joint tenant or there is property which is security for a debt in which decedent had such interests for which a certificate has not been issued. Any real estate in which the decedent had this interest is described as follows: See attached

Description of Property	Decedent's Interest

8. The names and mailing addresses of all creditors of the decedent or the decedent's estate of whom the petitioner has knowledge and the amounts of their claims are as follows: See attached

Name of Creditor	Mailing Address	Claim Amount
		\$

Creditors will be named by affidavit at a later date.

9. The names and mailing addresses of all persons interested, so far as known to petitioner or ascertainable by the petitioner with reasonable diligence are as follows: See attached

(Indicate persons 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	Relationship	Mailing Address	If Minor, Date of Birth

10. 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: _____

The affiant lacks information to complete this section.

11. 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.

The affiant lacks information to complete this section.

12. It is necessary to appoint a special administrator with the following powers:

13. Other: _____

I REQUEST THE COURT:

1. Assign the property to the persons entitled to it as follows: See attached

Person(s) Entitled to Receive	Description of Property	Value
	Includes real estate, stocks or bonds, licensed motor vehicles and all other property, including digital property as defined under §711.03(10), Wis. Stats.	\$

2. Order any person indebted to or holding money or other property of the decedent to pay the indebtedness or deliver the property to the persons found to be entitled to receive it.

3. Certify the termination of any life estate or the right of survivorship of any joint tenant in the property described.
4. Order termination of the estate commenced under Chapter 856, discharge the personal representative and cancel any bond.
5. Appoint [Name] _____, whose mailing address is _____ as special administrator with the powers requested.
6. Other: _____

I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.

 Signature

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

Form completed by: (Name)	
Address	
Email Address	
Telephone Number	Bar Number