

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 declaration 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 declarant 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 declarant 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