

**STATE OF WISCONSIN, CIRCUIT COURT,**

COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

## Proof of Will (Formal Administration)

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Name

Case No.

**I DECLARE THAT:**

1. I am one of the attesting witnesses to the document dated \_\_\_\_\_, presumed to be the last will and testament of \_\_\_\_\_, deceased (testator), who resided in \_\_\_\_\_ County, State of \_\_\_\_\_.

2.  A. On that date,

- 1) the testator signed;
- 2) testator with the assistance of another person with the testator's consent signed the will, OR
- 3) another person signed the will with the testator's name, at the testator's direction in the testator's conscious presence.

At that time, I witnessed the signing and I signed the will in the conscious presence of the testator.

B. I signed the will as witness within a reasonable time after witnessing any of the following:

- 1) The testator's implicit or explicit acknowledgment of the testator's signature on the will in my conscious presence.
- 2) The testator's implicit or explicit acknowledgment of the will in my conscious presence.

3. At the time of signing, the testator was of sound mind and of age to execute a will, and was not acting under any restraint or undue influence to my knowledge, information, or belief.

4. I do not know of any later will or codicil of the decedent.

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



## Witness

Name Printed or Typed

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## Address

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Date State Bar No. (if any)

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