

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name

**Proof of Will
(Formal Administration)**

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

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

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