

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

IN THE MATTER OF THE ESTATE OF

Amended

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

**Proof of Will  
(Formal Administration)**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

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,
  - A. the testator signed;
  - B. testator with the assistance of another person with the testator's consent signed the will, OR
  - C. 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:
  - A. The testator's implicit or explicit acknowledgment of the testator's signature on the will in my conscious presence.
  - B. 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.

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: \_\_\_\_\_



Witness

Name Printed or Typed

Address

Telephone Number

Date

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