

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

Petition for Formal Administration

Case No. _____

UNDER OATH, I STATE:

1. The decedent, with date of birth _____ and date of death _____, was domiciled in _____ County, State of _____, with a mailing address of _____.
2. I am interested as _____.
3. The estimated **net value** of decedent's property requiring administration is \$ _____.
4. 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 the 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.

5. 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.

(Complete question 6 OR 7 below, whichever is applicable.)

6. The decedent died leaving a will, dated _____, codicil(s) (if any), dated _____. I believe these documents were executed properly and are valid. I made diligent inquiry and am unaware of any revocation by decedent.

The original will, including any codicil(s),

- is in the possession of the court.
- accompanies this application.
- was probated elsewhere and an authenticated copy accompanies this application.
- is en route to the court by mail or personal delivery (for eFilers only).

The personal representative(s) named by the decedent in the will or any codicil(s) is

[Name] _____.

I nominate _____ to serve as personal representative(s).

The trustee(s) named by the decedent in the will or any codicil(s) is

[Name] _____.

I nominate _____ to serve as trustee(s).

7. I made diligent inquiry and am unaware of any unrevoked will of the decedent and believe that the decedent died leaving no will.

I nominate _____ to serve as personal representative(s).

8. The names and mailing addresses of all interested persons are:
 (For any person 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 (e.g. Heir, Beneficiary, Fiduciary)	Mailing Address	If Minor, Date of Birth

9. Other: _____

I REQUEST:

- 1. The Petition for administration be granted and the heirs determined.
- 2. The will, including any codicil(s), be admitted to probate.
- 3. Domiciliary letters be issued to _____.
- 4. Letters of trust be issued to _____
for the following trust: _____

Letters of trust be issued to _____
for the following trust: _____.
- 5. Other: _____

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

This notarial act involved the use of communication technology.

▶ _____
 Petitioner

 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