

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

IN THE MATTER OF THE ESTATE OF

Amended

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

**Application for Ancillary 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 **value** of decedent's property in Wisconsin requiring administration is \$ \_\_\_\_\_.
4. An authenticated copy of domiciliary letters from a foreign jurisdiction is filed with this application.
5. The names and mailing addresses of all interested persons are listed below:  
(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	Mailing Address	If Minor, Date of Birth

6. Other: \_\_\_\_\_

**I REQUEST THE COURT:**

1. Grant the application for ancillary administration.
2. Issue Ancillary Letters to \_\_\_\_\_.
3. Other: \_\_\_\_\_

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

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_

Name Printed or Typed

\_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Telephone Number

\_\_\_\_\_

Date