

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

Claim Against Estate

Informal Administration

Formal Administration

Case No. _____

I DECLARE THAT:

1. The name and address of the claimant is:

Name _____

Address [Street, City, State, Zip] _____

Phone Number _____

2. The nature and amount of this claim is: *(If claim is based on a written document, attach a complete copy.)*

See attached

Nature of Claim	Amount of Claim
	\$
TOTAL	\$

3. This amount is due.

not yet due and will or may become due on [Date] _____.

4. No payments were made on this claim which is not credited, and there were no offsets except:

5. If the decedent was survived by a spouse, the classification of the obligation under §766.55(2), Wis. Stats., is as follows:

A. Support obligation owed spouse or child.

B. Obligation incurred in the interest of the marriage.

C. Obligation incurred prior to marriage or prior to January 1, 1986.

D. Tort.

E. Other: _____

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

Signature _____

Email Address _____ Telephone Number _____

Name Printed or Typed _____

Date _____ State Bar No. (if any) _____

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

NOTE: A statutory filing fee of \$3.00 shall accompany each claim filed.