

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF _____

Amended

Name _____

Claim Against Estate

Informal Administration

Formal Administration

Case No. _____

UNDER OATH I STATE:

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: _____

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.

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



 Claimant or Claimant's Representative

 Name Printed or Typed

 Address

 Email Address

 Telephone Number

 Date

 State Bar No. (if any)

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