

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

IN THE MATTER OF

Amended

Name \_\_\_\_\_

**Receipt from Guardian  
(Minor Guardianship of the Estate)**

Date of Birth \_\_\_\_\_

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

I am the  former minor ward.  
 personal representative.  
 Other: \_\_\_\_\_

I have received from the guardian of the estate, the following assets:

Assets Received <input type="checkbox"/> See attached	Value
<p style="text-align: right;"><b>Total Value</b></p>	

This is the full amount that I am entitled to receive from the guardian of the estate.

I have reviewed and am satisfied with the guardian of the estate's final account.



Signature \_\_\_\_\_

\_\_\_\_\_ Name Printed or Typed

\_\_\_\_\_ Address

\_\_\_\_\_ Email Address

\_\_\_\_\_ Telephone Number

\_\_\_\_\_ Date