

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF

Amended

Name

**List of Ward's Remaining Assets
At Guardianship Termination
(Minor and Adult Guardianship)**

Date of Birth

Case No. _____

UNDER OATH, I STATE:

1. I am the guardian of the estate of the ward.
2. The ward died on [Date] _____.
3. The ward's assets do not exceed \$50,000.
4. The ward had the following assets at the time of the guardianship termination:

Assets existing at time of termination of guardianship / death	Value
	\$
Total Value	\$

▶ _____
Guardian of the Estate

Name Printed or Typed

Address

Email Address

Telephone Number

Date