

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

**Personal Representative's
Statement to Close Estate
(Informal Administration)**

Case No. _____

I VERIFY THAT I, OR A PRIOR PERSONAL REPRESENTATIVE WHOM I HAVE SUCCEEDED:

1. Gave notice to interested persons and to creditors as required by law and the time for filing claims expired prior to the date of this statement.
2. Fully administered the estate by making payment, settlement, or other disposition of all claims presented, expenses of administration, reasonable funeral and burial expenses, death and other taxes, except as otherwise specified below.
3. Inventoried the assets of the estate, furnished a copy of the inventory to interested persons and distributed the assets to the persons entitled to them.
4. Am aware of no unpaid claims, expenses or taxes outstanding.
 Made the following detailed arrangements to accommodate any outstanding liabilities: _____ **See attached**
5. Sent a copy of this statement to all distributees of this estate and to all creditors or other claimants of whom I am aware whose claims are neither paid nor barred.
6. Furnished a full account of the administration, in writing, to all persons whose interests are affected.
7. The amount of attorney fees paid or to be paid from estate assets is \$_____.
8. Understand that if no proceedings challenging this statement or otherwise involving me as personal representative are pending in the court 6 months after this statement is filed, my appointment as the personal representative terminates.

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.

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.

▶ _____
 Personal Representative

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)

▶ _____
 Personal Representative

 Name Printed or Typed

 Address

 Email Address Telephone Number

 Date State Bar No. (if any)