

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

**Letters of Special Administration
(Formal Administration)**

Case No. _____

To: _____

The decedent, with date of birth _____ and date of death _____,
was domiciled in _____ County, State of _____.

You are granted

only these specific powers: _____

all the same powers, duties and liabilities as a personal representative.

Except: _____

Other: _____

(COURT SEAL)

Form completed by: (Name)	
Address	
Telephone Number	Bar Number