

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

Petition for

Certificate of Descent

Judgment Determining Descent

Case No. _____

UNDER OATH, I STATE:

1. The decedent, with date of birth _____ and date of death _____,
 was domiciled in _____ County, State of _____, with a mailing address of _____ or
 had no domicile in Wisconsin. Property of decedent is located in this county.
2. The time and place of decedent's death as known or as can be ascertained with due diligence is as follows:

3. I am interested as _____.
4. The decedent died intestate.
5. The estate was not administered and six years or more have elapsed since the decedent's death.
6. The names and mailing addresses of all heirs of decedent or their grantees entitled to an interest in the property are as follows: (For any person with disabilities, also list any guardian of estate; for any person in the military, also list attorney or attorney in fact; and for any minor, list date of birth.) **See attached**

Name	Relationship	Mailing Address	If Minor, Date of Birth

7. This estate is not subject to an inheritance tax, OR
 This estate may be subject to an inheritance tax. A petition was filed for Appointment of a Special Administrator with powers to determine the tax.
8. Decedent left the following described property for which a determination of descent is sought. **See attached**

Legal Description

9. The heirs or their grantees respective rights and interests in the property are as follows: See attached

Name of Heir or Grantee	Interest in Property

10. Other: _____

I REQUEST THE COURT:

1. Determine the heirs of decedent and descent of the property and issue
 - a certificate of descent.
 - a judgment determining descent.

2. 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.

▶ _____
Petitioner

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

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