

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

Name _____

Application for Ancillary Administration

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 _____.
2. I am interested as _____.
3. The estimated **value** of decedent's property in Wisconsin requiring administration is \$ _____.
4. An authenticated copy of domiciliary letters from a foreign jurisdiction is filed with this application.
5. The names and mailing addresses of all interested persons are listed below:
(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.)

Name	Relationship	Mailing Address	If Minor, Date of Birth

6. Other: _____

I REQUEST THE COURT:

1. Grant the application for ancillary administration.
2. Issue Ancillary Letters to _____.
3. Other: _____

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

▶ _____
Signature

Name Printed or Typed

Address

Email Address Telephone Number

Date State Bar No. (if any)