

STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF THE ESTATE OF

Amended

**Proof of Will**  
(Formal Administration)

\_\_\_\_\_

\_\_\_\_\_ Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

1. I am one of the attesting witnesses to the document dated \_\_\_\_\_, presumed to be the last will and testament of \_\_\_\_\_, deceased (testator), who resided in \_\_\_\_\_ County, State of \_\_\_\_\_.
2.  A. On that date,
  - 1) the testator signed;
  - 2) testator with the assistance of another person with the testator's consent signed the will, OR
  - 3) another person signed the will with the testator's name, at the testator's direction in the testator's conscious presence.

At that time, I witnessed the signing and I signed the will in the conscious presence of the testator.
- B. I signed the will as witness within a reasonable time after witnessing any of the following:
  - 1) The testator's implicit or explicit acknowledgment of the testator's signature on the will in my conscious presence.
  - 2) The testator's implicit or explicit acknowledgment of the will in my conscious presence.
3. At the time of signing, the testator was of sound mind and of age to execute a will, and was not acting under any restraint or undue influence to my knowledge, information, or belief.
4. I do not know of any later will or codicil of the decedent.

State of \_\_\_\_\_  
County of \_\_\_\_\_  
Subscribed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public/Court Official

\_\_\_\_\_  
Name Printed or Typed

My commission/term expires: \_\_\_\_\_

▶ \_\_\_\_\_  
Witness

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

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