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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | | For Official Use |
| IN THE MATTER OF THE ESTATE OF | Amended  **Proof of Heirship**  Informal Administration  Formal Administration |
|  | Case No. |

**Under oath, I answer the following questions:**

1. What is your name, mailing address and relationship to the decedent?

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| **Name** | **Mailing Address** | **Relationship** |
|  |  |  |

2. Was the decedent survived by a spouse or domestic partner?  Yes  No

If YES, give name:

3. A. Did the decedent have any children? (Living or deceased; natural or adopted.)  Yes  No

If YES, list all names. (If deceased, indicate date of death.)  **See attached**

|  |  |
| --- | --- |
| **Name of Decedent’s Children** | **If Deceased, Date of Death** |
|  |  |

B. For each deceased child listed in 3A., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children are deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted.)  **See attached**

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| **Name of Deceased Child in (3A)** | **Name of Deceased Child’s Child(ren)** | **Date of Death** |
|  |  |  |

4. If there is a surviving spouse or domestic partner, are all of the decedent's children listed in 3A., also the children of the surviving spouse or domestic partner?  Yes  No

If NO, give details:

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| ***Instructions:*** |
| Are there living persons listed in answers to questions 2. through 4.?  • If yes, skip to question 8.  • If no, continue with question 5. |

5. Did the decedent leave surviving parents?  Yes  No

If YES, list names.

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| **Name** |
|  |

6. a. If no surviving parent, did the decedent have brothers or sisters? (Living or deceased; whole blood, half blood, adopted)

No  Yes

If YES, list all names. (If deceased, indicate date of death.)

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| --- | --- |
| **Name of Decedent’s Brothers or Sisters** | **If Deceased, Date of Death** |
|  |  |

1. For each deceased brother or sister listed in 6a., list his or her name and the names of his or her children (Living or deceased; natural or adopted). If any of his or her children is deceased, indicate the date of death of that child and the names of his or her descendants. (Living or deceased; natural or adopted)  **See attached**

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| **Name of Deceased Brother or Sister in (6a)** | **Date of Death** | **Name of Deceased**  **Brother’s or Sister’s Children** |
|  |  |  |

1. If there are **no living persons** listed in questions 2. through 6b., list names of maternal (mother) and paternal (father) grandparents and the descendants of any deceased grandparent and whether the person is living or deceased. Please continue listing children of deceased persons until a living person is named.  **See attached**

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| --- | --- | --- | --- |
| **Maternal (Mother)** | | **Paternal (Father)** | |
| Grandfather: |  | Grandfather: |  |
| Grandmother: |  | Grandmother: |  |
| Descendants: |  | Descendants: |  |

1. Did any of the persons named in 2. through 7. die within 120 hours (5 days) after the death of the decedent?

No  Yes

If YES, list name(s), date of death and descendant(s).

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| --- | --- | --- |
| **Name** | **Date of Death** | **Descendant(s)** |
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| State of  County of  Subscribed and sworn to before me on    Notary Public/Court Official    Name Printed or Typed  My commission/term expires: | | | ►  Signature    Name Printed or Typed    Telephone Number    Date | |
| Form completed by: (Name) | | |
| Address | | |
| Telephone Number | Bar Number (If any) | |