

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

IN THE MATTER OF THE ESTATE OF

Name _____

Amended

Interim

Final

Supplemental
Estate Account

Informal Administration

Formal Administration

Case No. _____

UNDER OATH I VERIFY:

I am the personal representative special administrator of this estate and this estate account is true and correct. The following is my account of the administration of this estate from [Date of Death or Date of prior estate account] _____ to [Date] _____. **List interested persons on page 2.**

RECEIPTS	TOTAL	DISBURSEMENTS	TOTAL
Net Value of property, subject to administration from Inventory (or assets on hand as of last estate account)		Funeral Expenses Schedule (F)	
Added Property to which the decedent was entitled to on Date of Death not included in Inventory or prior Estate Account, including refunds. Schedule (A)		Debts of Decedent (G)	
Dividends (B)		Claims (including those by judgment) (H)	
Interest (C)		Taxes Paid (I)	
Capital Gains (Losses) (D)		Interest Paid (J)	
Other Receipts (E)		Administration Expenses (K)	
		Other Payments (L)	
		Distributions Paid to Date (M)	
		TOTAL DISBURSEMENTS	
		Assets on Hand (N)	
TOTAL		TOTAL	

Totals in each column must be the same.	
Proposed distribution of Assets on Hand (Schedule O)	
Total Fees paid during administration:	
Personal Representative:	
Guardian Ad Litem:	
Special Administrator:	
Attorney:	

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.

Personal Representative/Special Administrator

Name Printed or Typed

Address

Email Address

Telephone Number

Date

State Bar No. (if any)

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.

 Personal Representative/Special Administrator

 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)

ESTATE ACCOUNT SUPPORTING SCHEDULE

List of Interested Persons
 The names and mailing addresses of all interested persons 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.)

Name	Mailing Address	If Minor, Date of Birth

