STATE OF WISCONSIN, CIRCUIT COURT, N THE MATTER OF THE ESTATE OF			COUNTY					
			Amended					
ame			Petition for Special Administration (Formal Administration)					
			Case No					
INDEF	R OATH, I STATE:							
1.	The decedent, with date	of birth	and date of death	,				
	was domiciled in address of		and date of death County, State of	, with a mailing 				
2.	I am interested as							
3.	Other proceedings conce are not pending are currently pending were previously comp in Wisconsin or elsewhe Explain:	bleted re.	he decedent					
4.	The decedent did did not receive Medical Assistance/Medicaid. did did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CM did did not receive benefits from the Community Options Program (COP). receive benefits from Wisconsin Chronic Disease Program. was was not a patient or inmate of a state or county hospital or institution, or responsible for any person owing a obligation to the state or county							
	Explain:							
	The petitioner lacks in							
5.	Name of spouse: [□ livir □ Married to de □ Divorced from The spouse □ did □	ng or 🗌 deceased] cedent. n decedent.] did not receive bene] did not receive bene	the following: (If more than one spous efits from the Community Options Program efits from the Wisconsin Chronic Disease I ete this section.	n (COP)				
6.	The decedent died leaving a 🗌 will, dated 🗌 codicil(s) (if any), dated							
7.	The names and mailing addresses of all interested persons are: (For any person with disabilities, also list any guardiar 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				
				Birth				

A. there is no estate to be administered and an act should be performed on the part of the decedent, the performance of which affects or is of importance to the petitioner or any other person.

relepitone	NUNDEI	Bar Numb							
Email Address Telephone Number Bar Number									
Emoli A-1				4					
Address									
Form completed by: (Name)				Date		State Bar No. (if any)			
This notarial act involved the use of communication technology.				Email Address		Telephone Number			
Name Printed or Typed My commission/term expires:					Address				
		Notary Public/Court Offic			Name Printed or Typed]			
Subscri	bed and	sworn to before me of							
County	of				Petitioner				
5.									
4.	Issue Letters of Special Administration to, mailing address								
3.	. Grant the Petition authorizing powers, duties and liabilities of special administrator as stated above.								
2.	Order notice, if required by the court.								
□ 1.		nearing on the Petition							
I REQU		E COURT:							
<u> </u>	Other:								
	□В.	all the general powers							
9.	 9. The special administrator requires A. only these specific powers:								
	🗌 Н.	administrator. Other:							
	🗌 G.	some act be performed before letters can be issued to a personal representative. . other circumstances exist which in the discretion of the court require the appointment of a special							
			ts for or against the d	ecedent or the dece	edent or the decedent's estate and it is necessary that				
		personal representativ	ve.		ent defore letters ca	In de issued to a			
		the estate can be sett	led under summary se	en found or may be found belonging to the estate. settlement or summary assignment. The estate of a decedent before letters can be issued to a					
	∐ B.			ate has been entered and an act remains unperformed in the					