

IN THE MATTER OF THE ESTATE OF

Amended

WILLIAM ELLIOTT,

Application for Informal Administration

SAMPLE

deceased

Case No.

UNDER OATH, I STATE:

- 1. The decedent, with date of birth December 30, 1940 and date of death July 1, 2011, was domiciled in (decedent's county) County, State of Wisconsin, with a mailing address of 51111.
2. I am interested as (an heir)(nominated personal representative/trustee)(beneficiary).
3. Other proceedings concerning the estate of the decedent are are not pending in this state or elsewhere. Explain:
4. The estimated net value of decedent's property requiring administration is \$200,000.00.
5. 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/CMO). did did not receive benefits from the Community Options Program (COP). did did not 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 an obligation to the state or county. Explain:
I lack information to complete this section.
6. If the decedent was ever married, complete the following: (If more than one spouse See attached.) Name of spouse (living or deceased) SALLY ELLIOTT. Married to decedent Divorced from decedent at time of decedent's death. The spouse did did not receive benefits from the Community Options Program (COP). The spouse did did not receive benefits from the Wisconsin Chronic Disease Program. I lack information to complete this section.

(Complete question 7 OR 8 below, whichever is applicable.)

- 7. The decedent died leaving a will, dated October 1, 2010. codicil(s) (If any), dated. I believe these documents were executed properly and are valid. I made diligent inquiry and am unaware of any revocation by decedent. The original will, including any codicil(s), is in the possession of the court. accompanies this application. was administered elsewhere and an authenticated copy accompanies this application. The personal representative(s) named by the decedent in the will and/or any codicil is: Name(s) Mary Smith I nominate Mary Smith to serve as personal representative(s).

The trustee(s) named by the decedent in the will and/or codicil is:

Name(s) Mary Smith

I nominate Mary Smith to serve as trustee(s).

8. I made diligent inquiry and am unaware of any unrevoked will of the decedent and believe that the decedent died leaving no will.

I nominate _____ to serve as personal representative(s).

9. The names and mailing addresses of all interested persons are:

(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.) See attached

| Name | Relationship (e.g. Heir, Beneficiary, Fiduciary) | Mailing Address | If Minor, Date of Birth |
|-------------|--|--|----------------------------|
| Mary Smith | Heir, Beneficiary, Nominated Personal Representative & Trustee | 555 Blank Street, Someplace, WI 51111 | |
| John Miller | Heir, Beneficiary, Trust Beneficiary | 100 First Street, Someplace, WI 51111 | June 1, 2009 |
| Susan Brown | Heir, Beneficiary | 100 Second Street, Someplace, WI 51111 | |
| Jane Jones | Heir, Beneficiary | 100 Third Street, Someplace, WI 51111 | |
| Jacob Jones | Guardian of Estate of Jane Jones | 100 Third Street, Someplace, WI 51111 | |

10. Other: _____

I REQUEST:

- 1. A statement of informal administration be issued.
- 2. The will, including any codicil(s), be admitted to informal administration.
- 3. Domiciliary letters be issued to Mary Smith
- 4. Letters of trust be issued to Mary Smith
for the following trust: Trust under the Will of William Elliott For the Benefit of John Miller

Letters of trust be issued to _____
for the following trust: _____
- 5. Other: _____

State of _____
County of _____
Subscribed and sworn to before me on _____

Notary Public/Court Official

Name Printed or Typed

My commission/term expires: _____

▶ _____
Applicant
Mary Smith
Name Printed or Typed
555 Blank Street
Address
Someplace, WI 51111
(715) 999-9999
Telephone Number
July 30, 2011
Date

| | |
|--|-----------------------------------|
| Form completed by: (Name) Mary Smith | |
| Address 555 Blank Street Someplace, WI 51111 | |
| Telephone (715) 999-9999 | Bar Number (if any) N/A |