

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. \_\_\_\_\_

**I DECLARE:**

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)	
		<b>TOTAL DISBURSEMENTS</b>	
		<b>Assets on Hand (N)</b>	
<b>TOTAL</b>		<b>TOTAL</b>	

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:	

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
Personal Representative/Special Administrator

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address Telephone Number

\_\_\_\_\_  
Date State Bar No. (if any)

**I declare under the criminal penalty of false swearing that the information I have provided is true and accurate.**

▶ \_\_\_\_\_  
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.)

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