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| --- | --- | --- |
| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |  |
| IN THE MATTER OF THE ESTATE OF    Name | Amended  **Claim Against Estate**  **Informal Administration**  **Formal Administration**  Case No. |

**UNDER OATH I STATE:**

1. The name and address of the claimant is:

Name

Address [Street, City, State, Zip]

Phone Number

2. The nature and amount of this claim is: (*If claim is based on a written document, attach a complete copy.)* **See attached**

|  |  |  |
| --- | --- | --- |
| **Nature of Claim** | | **Amount of Claim** |
|  | | $ |
|  | **TOTAL** | $ |

3. This amount is  due.

not yet due and will or may become due on [date]       .

4. No payments were made on this claim which is not credited, and there were no offsets except:

5. If the decedent was survived by a spouse, the classification of the obligation under §766.55(2), Wis. Stats., is as follows:

A. Support obligation owed spouse or child.

B. Obligation incurred in the interest of the marriage.

C. Obligation incurred prior to marriage or prior to January 1, 1986.

D. Tort.

E. Other:

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

**Note:** A statutory filing fee of $3.00 shall accompany each claim filed.