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| **STATE OF WISCONSIN, CIRCUIT COURT,** **COUNTY** | |
| IN THE MATTER OF THE ESTATE OF    Name | Amended  **Letters of Special Administration**  **(Formal Administration)**  Case No. |

|  |  |
| --- | --- |
| To: |  |

The decedent, with date of birth       and date of death       ,

was domiciled in       County, State of       .

You are granted

only these specific powers:

all the same powers, duties and liabilities as a personal representative.

Except:

Other:

|  |  |  |
| --- | --- | --- |
| ***(COURT Seal)*** | |  |
| Form completed by: (Name) | |
| Address | |  |
| Telephone Number | Bar Number |  |