

## SUMMARY ASSIGNMENT CHECKLIST

DODGE COUNTY CASE No.: PR

This checklist is NOT meant to provide legal advice; it is merely a guide that may help you through the estate administration process.

### **REQUIRED FORMS: TO BEGIN:**

(Complete )

- \_\_\_\_\_ WILL –if not already filed with the court. If there is no Will, skip this.
- \_\_\_\_\_ [PR-1840](#) Petition for Summary Assignment. Pay filing fee due, Payable to “Clerk of Courts” (.2% of the assets or a minimum of \$20.00 as required by §814.66, Wis. Stats)
- \_\_\_\_\_ [PR-1806](#) Proof of Heirship
- \_\_\_\_\_ [PR-1846](#) Waiver and Consent (To be signed by ALL beneficiaries named in the will and ALL heirs)

(Complete-Court will sign)

- \_\_\_\_\_ [PR-1842](#) Notice to Creditors (Published Notice will give 30 days to file claims)
- \_\_\_\_\_ **If no Waivers and Consents from all beneficiaries**, then in lieu of PR-1842, file:
- \_\_\_\_\_ [PR-1843](#) Order and Notice of Hearing Petition of Summary Assignment

### **IF ALSO REQUESTING SPECIAL ADMINISTRATION:**

(Complete )

- \_\_\_\_\_ [PR-1807](#) Consent to Serve (signed by proposed Executor/Personal Representative)

(Complete-Court will sign)

- \_\_\_\_\_ [PR-1853](#) Letters of Special Administration

### **AFTER FILING OF PETITION:**

- \_\_\_\_\_ **Proof of Publication** From Newspaper (Newspaper will send Affidavit of Publication to petitioner with invoice – original to be filed with Probate Court)
- \_\_\_\_\_ [PR-1817](#) Affidavit of Service (if not filed on Waivers)
- \_\_\_\_\_ [PR-1841](#) Affidavit of Additional Property and/or Creditor for Summary Assignment – only if additional information not on the original Summary Assignment Petition. Pay any additional filing fee due, Payable to “Clerk of Courts” (.2% of the assets or a minimum of \$20.00 as required by §814.66, Wis. Stats.)
- \_\_\_\_\_ [PR-1844](#) Order on Petition for Summary Assignment (Complete-Court will sign)

### **TO CLOSE SPECIAL ADMINISTRATION:**

- \_\_\_\_\_ [PR-1854](#) Petition for Discharge of Special Administrator
- \_\_\_\_\_ [PR-1855](#) Order Discharging Special Administrator (Complete-Court will sign)
- \_\_\_\_\_ [PR-1815](#) Estate Receipt(s) (From each beneficiary for their distribution)

**MEDICAL ASSISTANCE (TITLE 19, MA, MEDICAID):** §867.02, Wis. Stats. Requires that you notify the Department of Health and Family Services if the deceased or the deceased’s spouse received Medical Assistance or any of the other service or benefits that are listed on the Petition. Mail the **Probate Claims Notice** or a copy of the Petition and Notice to Creditors by certified mail, return receipt requested, to: Department of Health and Family Services, Estate Recovery Program, P.O. Box 309, Madison, WI 53701-0309.

<https://www.dhs.wisconsin.gov/forms/f1/f13033.pdf>

A **surety bond** may be required before Letters are issued. This would be decided by the Court based on the value of the estate, the type of assets and the terms on the will.

**CERTIFIED COPIES:** If certified copies are required, the cost is \$3.00 for the certification plus \$1.00 per page.

**Please call (920) 386-3550 for an appointment**

PR Numbered Forms available on internet at: <http://www.wicourts.gov/forms1/circuit.htm>

Check the case file on internet: <http://wcca.wicourts.gov>

Wisconsin Register in Probate website: <http://www.wripa.org>

### **Special Notice regarding Obtaining an Employer ID number.**

The IRS does not charge any fee for issuing an Employer ID number. If you are asked to pay, you are using a third party vendor. They are taking your information, making the application and getting the number for you.

To apply on your own, use IRS.gov. Click on the box to apply for a number. If you want to do so now, this will take you directly to the application form. [Apply Now.](#)