

IN THE MATTER OF

**AFFIDAVIT OF NO PROBATE**

\_\_\_\_\_

Deceased

Case No: \_\_\_\_\_

Under oath, I state that:

1. \_\_\_\_\_ died a resident of Dodge County, Wisconsin.

2. His/her

a. Post Office address was: \_\_\_\_\_  
Street Address City, State, Zip Code

b. Date of birth was: \_\_\_\_\_

c. Date of death was: \_\_\_\_\_

3. Attached to this Affidavit is:

the original Last Will and Testament of the decedent dated: \_\_\_\_\_

a Codicil to the Last Will and Testament dated: \_\_\_\_\_

4. I am:

One of the heirs of the decedent:  spouse  son  daughter  \_\_\_\_\_

The person nominated as the personal representative in the Last Will and Testament.

An attorney in possession of the original Last Will and Testament.

5. Said Last will is being filed with the Probate Court pursuant to § 856.05, Wis. Stats. under the following circumstances (please check any that apply):

All jointly held property in which the decedent had an interest at the time of death is being transferred pursuant to Wisconsin Statutes.

Decedent owned property subject to administration valued at less than \$50,000 which is being transferred by Affidavit as provided under § 867.03, Wis. Stats.

All of decedent's assets were held in a living trust.

Probate administration may be required in the future.

Other: (explain) \_\_\_\_\_

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date