

IN THE MATTER OF THE ESTATE OF

AFFIDAVIT OF NO PROBATE

Case No:

Deceased.

I declare that:

1. _____ (name of decedent) died a resident of Dunn County, Wisconsin.
2. His/her
 - a. Post Office address and city was:
_____.
 - b. Date of death was: _____.
3. Attached is the original Last Will and Testament of the decedent.
4. I am:
 - One of the heirs of the decedent
 - The person nominated as the personal representative in the Last Will.
 - Other: _____.
5. I am filing the Last Will with the Probate Court pursuant to sec. 856.05, Wis. Stats., as there is no need for probate because:

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

▶ _____
Signature

Name Printed or Typed

Address

Date

Telephone Number