

IN THE MATTER OF:

AFFIDAVIT OF NO PROBATE

(name of deceased)

Case No:

Under oath, I state that:

1. _____ (name of decedent) died a resident of St. Croix County, Wisconsin.
2. His/her
 - a. Physical residential street address (number, street, city, state, zip code) was:
_____.
 - b. Date of death was: _____.
3. Attached is the *original* Last Will and Testament of the decedent.
4. I am: (select one)
 - 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.; there is no need for probate because:

Dated: _____

Signature

Name printed/typed

Address

Subscribed and sworn to before me
On _____

Deputy/Register in Probate
Notary Public, State of Wisconsin
My Commission expires: _____