SUMMARY ASSIGNMENT CHECKLIST

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

_____ 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 for Summary Assignment (Published Notice will give 90 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 Executor with invoice – original to be filed with Probate Court)

_____ PR-1817 Declaration of Service (if not filed on Waivers)

_____ PR-1841 Declaration 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 **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 to be certified.

Please call (608) 266-4331 for an appointment when documents are completed

PR Numbered Forms available on internet at: http://www.wicourts.gov/forms1/circuit/index.htm
Add'l Info @ Probate Office website: https://courts.danecounty.gov/Prepare/Probate
Check the case file on internet: http://wcca.wicourts.gov
Wisconsin Register in Probate website: http://www.wripa.org
SS-4 Application for Employer Identification Number-from IRS (www.irs.gov)

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.