

ANCILLARY ADMINISTRATION CHECKLIST

CASE NO.: PR

An Attorney Licensed to practice in Wisconsin is required. 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 ANCILLARY ADMINISTRATION:

(Complete)

- _____ Authenticated WILL –must be filed with the Application
- _____ Authenticated Letters from foreign jurisdiction (**NOTE: Authentication date must be within 30 days of filing**).
- _____ PR-1960 Application for Ancillary Administration
- _____ PR-1807 Consent to Serve w/Appointment of Resident Agent {**When Ancillary Representative is NOT a WI resident, Register in Probate is to be resident agent per Wis. Stat. §868.03(5)**} for all interested parties.
- _____ PR-1806 Proof of Heirship
- _____ PR-1846 Waiver and Consent (Formal Administration)
- _____ PR-1903 Proposed Order Notice for Hearing (without waivers)
- _____ PR-1904 Proposed Order Setting Deadline for filing a Claim (with waivers)
- _____ PR-1961 Proposed Order for Ancillary Administration
- _____ PR-1962 Proposed Ancillary Letters

OPTIONAL FORMS MAY BE NEEDED:

- _____ PR-1817 Affidavit of Service (of copy of Application to Foreign Jurisdiction Personal Representative if they are not the Ancillary Representative)

(NOTE: Surety Bond is required if the Ancillary Representative is not a Wisconsin Resident per Wis. Stat. §868.03(4).)

FORMS TO CLOSE ANCILLARY ADMINISTRATION:

- _____ PR-1963 Petition for Transfer of Residue
- _____ PR-1964 Proposed Order for Transfer of Residue
- _____ Filing Fee Payable to “Clerk of Courts” (.2% of the Wisconsin assets or a minimum of \$20.00 as required by Sec. 814.66, Wis. Stats)
- _____ PR-1814 Estate Account (signature notarized)
- _____ PR-1815 Estate Receipt (From each beneficiary for their distribution)
- _____ Proof of Real Estate Transfer - copy of deed if real estate transferred to a beneficiary
- _____ PR-1965 Proposed Order Discharging Ancillary Representative (Complete-Court will sign)

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/fl/fl3033.pdf>

CERTIFIED COPIES: If certified copies are required, the cost is \$3.00 for the certification plus \$1.00 per page to be certified. (A certified copy of a one-page document is \$4.00; a certified copy of a two-page document is \$5.00, etc.)

Please call 266-4331 for an appointment for all future conferences

PR Numbered Forms available on internet at: <http://www.wicourts.gov/forms1/circuit.htm>
Add'l Info @ Probate Office website: <https://courts.countyofdane.com/Prepare/Probate>
Check the case file on internet: <http://wcca.wicourts.gov>
Wisconsin Register in Probate website: <http://www.wriipa.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.