

SPECIAL ADMINISTRATION CHECKLIST

ESTATE: _____

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
- _____ CODICIL –if applicable and not already filed with the court
- _____ PR-1850 Petition for Special Administration (signature notarized)
- _____ PR-1806 Proof of Heirship (signature notarized)
- _____ PR-1846 Waiver and Consent (to be signed by ALL beneficiaries and ALL heirs)
- _____ PR-1807 Consent to Serve (signed by proposed Special Administrator)

(Complete-Court will sign)

- _____ PR-1852 Order for Special Administration
- _____ PR-1853 Letters of Special Administration -Certified copies can be used to transfer assets.

OPTIONAL FORMS MAY BE NEEDED:

- _____ PR-1851 Order Setting Time to Hear Petition for Special Administration
- _____ PR-1904 Order Setting Deadline to File Claim (if assets are being collected)
- _____ PR-1817 Affidavit of Service (if not filed on Waivers)

FORMS TO CLOSE ESTATE:

- _____ **Proof of Publication** (if notice was published) (Newspaper will send Affidavit of Publication to Personal Representative with invoice – original to be filed with Probate Court)
- _____ PR-1811 Inventory (to be filed within six (6) months of filing date) (signature notarized)
- _____ Filing Fee Payable to “Clerk of Courts” (\$2.00 per thousand of net inventory assets)
ie: House=\$150,000 Less Mortgage \$100,000 = Net \$50,000 times \$2/K=\$100 Filing Fee
- _____ PR-1815 Estate Receipt (From each beneficiary for their distribution)
- _____ PR-1814 Estate Account (signature notarized)
- _____ Proof of Real Estate Transfer - copy of deed if real estate transferred to a beneficiary
- _____ PR-1854 Petition for Discharge of Special Administrator (signature notarized)
- _____ PR-1855 Order Discharging Special Administrator (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>

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. (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.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.