SPECIAL ADMINISTRATION CHECKLIST ESTATE:_____

DODGE 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:

_____ WILL AND CODICILS if any –if not already filed with the court
_____ **PR-1850** Petition for Special Administration (**include minimum $20.00 filing fee**)
_____ **PR-1806** Proof of Heirship
_____ **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-1817** Affidavit of Service (if not filed on Waivers)
_____ **PR-1833** Petition for Extension of Time
_____ **PR-1834** Order for Extension of Time
_____ **PR-1854** Petition for Discharge of Special Administrator
_____ **PR-1855** Order Discharging Special Administrator (Complete-Court will sign)

FORMS TO CLOSE ESTATE:

_____ **Proof of Publication** (if notice was published) (Newspaper will send to Special Administrator with invoice – original to be filed with Probate Court)
_____ **PR-1811** Inventory (to be filed within six (6) months of filing date)
_____ Additional 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
_____ Proof of Real Estate Transfer - copy of deed if real estate transferred to a beneficiary
_____ **PR-1854** Petition for Discharge of Special Administrator
_____ **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/f1/f13033.pdf

A **surety 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.

Please call (920) 386-3550 for an appointment

PR Numbered Forms available on internet at: http://www.wicourts.gov/forms1/circuit.htm
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. They are taking your information, making the application and getting the number for you.
To apply on your own, use IRS.gov. Click on the box to apply for a number. If you want to do so now, this will take you directly to the application form. Apply Now.