

IN THE MATTER OF

**Transfer by Affidavit
(\$50,000 and under)**

Decedent _____

Register of deeds recording area

Name and return address

Note: Use black ink only.

_____ parcel identification number

UNDER OATH, I STATE THAT:

1. The decedent, with date of birth _____ and date of death _____, was domiciled in _____ County, State of _____, with a mailing address of _____.

2. I am: an heir, having the following relationship to the decedent: _____
 the person who was guardian of the decedent at the time of the decedent's death.
 trustee of a revocable trust created by the decedent.

3. The total gross value of the decedent's property subject to administration in Wisconsin on the date of death did not exceed \$50,000.

4. The total gross value of the decedent's property subject to administration in Wisconsin at the date of decedent's death was \$ _____.

5. The decedent:
 did did not receive Medical Assistance/Medicaid.
 did did not receive Family Care and/or Partnership benefits (through a Managed Care Organization – MCO/CMO).
 did did not receive benefits from the Community Options Program (COP).
 did did not receive benefits from the Wisconsin Chronic Disease Program.
 was was not patient or inmate of a state or county hospital or institution, or responsible for any person owing an obligation to the state or county. If so, explain: _____

The affiant lacks information to complete this section.

6. If the decedent was ever married, complete the following: (If more than one spouse, **see attached**.)
Name of spouse (living or deceased): _____

Married to decedent Divorced from decedent at time of decedent's death.
The spouse did did not receive benefits from the Community Options Program (COP).
The spouse did did not receive benefits from the Wisconsin Chronic Disease Program.

The affiant lacks information to complete this section.

7. I ask that the following property be transferred to me under §867.03(1g), Wisconsin Statutes:

DESCRIPTION OF REAL ESTATE AND/OR PERSONAL PROPERTY TO BE TRANSFERRED (If real estate, list legal description and tax parcel number. If personal property, specifically describe property including name of financial institutions and account numbers, if any.)	GROSS VALUE

8. By accepting the decedent's property under this section, I assume a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25, Wisconsin Statutes, and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, Wisconsin Statutes, or if there is no governing instrument, according to the rules of intestate succession under ch. 852, Wisconsin Statutes.

9. If a decedent or decedent's spouse has received any of the benefits that are listed on page 1 of this affidavit or if unknown, a duplicate affidavit must be sent by certified mail with return receipt requested to the Estate Recovery Program for the State of Wisconsin, Department of Health Services prior to submission of this affidavit for recording. The proof of prior mailed notice should accompany the affidavit for recording, with the delivery date on the mail receipt being at least 10 days prior.

State of _____
 County of _____
 Subscribed and sworn to before me on _____

 Signature

 Name Printed or Typed

 Address

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

This document was drafted by: _____
 Print or Type Name

Register of Deeds Office viewed the certified mail receipt.

ONLY if this affidavit describes an interest in or lien on real estate, then a certified copy or duplicate original of this affidavit must be recorded with the register of deeds in each county in Wisconsin where the real estate is located.