CLEAR FORM

TRANSFER BY AFFIDAVIT

☐ **Amended (if Transfer by Affidavit form previously recorded, amending recorded Document No. _____)**

§867.03, Wis. Stats. – Estates with property worth $50,000 or less (gross value)

Estate of _____ (the "Decedent").

UNDER OATH, I STATE:

1. The Decedent was born on _____ and died on _____ domiciled in the County of _____ State of _____ and with a mailing address of _____.

2. I am signing this Transfer by Affidavit in the following capacity:
   - ☐ an heir having the following relationship with the Decedent: _____
   - ☐ trustee of a revocable trust created by the Decedent.
   - ☐ a person who was the guardian of the Decedent at the time of the Decedent's death.
   - ☐ the person identified in the Decedent's Will to act as personal representative. NOTE: Per §867.03(1h), Wis. Stats., if you are signing as nominated personal representative in the Decedent's Will, then this Affidavit may not be used to transfer the Decedent's interest in real estate.

3. The total gross value of the Decedent's property subject to administration in Wisconsin on the date of the Decedent's death was $_____. NOTE: All property of the Decedent subject to administration must be included in the total gross value and on this Affidavit, which may not exceed $50,000 gross value.

Register of Deeds recording area

Name and return address

Parcel No(s).: _____

_____

4. If the Transfer by Affidavit is being used to transfer the Decedent's interest in real estate, the heirs of the Decedent are identified on the Affidavit of Heirship attached.

5. I ask that the following property of the Decedent be transferred to me pursuant to §867.03(1g), Wis. Stats:

DESCRIPTION OF ALL PROPERTY TO BE TRANSFERRED

If real estate, list legal description and tax parcel number. If personal property (including digital property as defined under §711.03(10), Wis. Stats.), specifically describe property including name of financial institutions and account type.

☐ See attached for additional property

6. **Real Estate – Requirement to notify heirs - 30 days**: If this Affidavit proposes to transfer the Decedent's interest in real estate, then pursuant to §867.03(1p), Wis. Stats., I understand that I must provide a copy of this Affidavit, along with notice of my intention to record this Affidavit with the register of deeds office for each county in which the Decedent had an interest in real estate, to the Decedent's heirs at least 30 days before recording.

   ☐ I hereby confirm that I provided a copy of this Affidavit to the Decedent's heirs at least 30 days prior to recording *or* have obtained waivers from the heirs. The required Affidavit of Service OR Waiver of Notice form is attached hereto.

7. **Decedent's Spouse(s)**: If the Decedent was ever married, complete the following (if more than one spouse, check here and provide same information for additional spouses(s) ☐ **see attached**):

   Name of Spouse(s): _____ (☐ living or ☐ deceased)

   ☐ Married to Decedent ☐ Divorced from Decedent at time of Decedent's death

   ☐ The affiant lacks information to complete this section.

8. **Government Services – requirement to notify State of Wisconsin**: I understand that §867.03(1m), Wis. Stats. states that if the Decedent or the Decedent's spouse(s) ever received the following services, then I must notify the Estate Recovery Program for the State of Wisconsin prior to transferring the Decedent's property. I hereby certify that the Decedent and/or the Decedent's spouse(s) (either alive or deceased) received the following services:

Service	Decedent Received the Service	Decedent's Spouse Received the Service	I Don't Know
Medical Assistance/Medicaid			
Family Care and/or Partnership benefits (through Managed Care Organization)			
Community Options Program benefits			
Wisconsin Chronic Disease Program			
Patient or inmate of a State of Wisconsin or Wisconsin County hospital or institution or responsible for any person owing an obligation to the State of Wisconsin or County in the State of Wisconsin			

   ☐ If the Decedent or the Decedent's spouse(s) received any of the services identified above, I hereby confirm that I provided a copy of this Affidavit to the Department of Health Services Estate Recovery Program and have attached the required proof of certified mail delivery showing the delivery date.

9. I understand that by accepting the Decedent's property under this Affidavit, I assume a duty to apply the property transferred for the payment of obligations according to priorities established under §859.25, Wis. Stats., and to distribute any balance to those persons designated in the appropriate governing instrument, as defined in §854.01, Wis. Stats., or if there is no governing instrument, according to the rules of intestate succession under Chapter 852, Wis. Stats.

DECLARATION: To the best of my knowledge and belief, I declare that this document is true, accurate, complete, and in conformity with the provisions and limitations of the Wisconsin Statutes.

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on _____

_____
Notary Public/Court

_____
Name printed or typed

My commission/term expires: _____

This document was drafted by: _____

_____
Signature

_____
Name printed or typed

_____
Address