

TRANSFER BY AFFIDAVIT

§867.03 Wisconsin Statutes

IN RE THE ESTATE OF _____ ("Decedent")

I, _____, make the following affidavit under oath.

The decedent's name is _____ ("Decedent").

The Decedent was born _____ [Date of birth] and passed away on _____, 20__ in _____ [City], Wisconsin.

Immediately prior to the Decedent's death, the Decedent's primary residence was in _____ [County] at _____ [Address].

I am signing this Transfer by Affidavit in my capacity as the decedent's: (Check one based on Wisconsin's order of heirship)

- 1. Spouse
- 2. Child
- 3. Grandchild
- 4. Parent
- 5. Sibling
- 6. Grandparent
- 7. None of the above (Check one)
 - Trustee of a revocable trust created by the decedent
 - Guardian of the decedent at the time of the decedent's death
 - A person designated by the decedent in the decedent's will as a personal representative
- 8. Other: _____

The gross value of the Decedent's estate is \$_____.

I ask that the following property of the Decedent be transferred to me pursuant to §867.03(1g) Wisconsin Statutes:

Property Description	Location of Property or Who is in Possession of Property	Value of the Property (\$)
		\$
		\$
		\$
		\$
		\$



Marital Information (Check one)

- The Decedent was never married.
- The Decedent was married. I do NOT have knowledge to provide information about the Decedent's spouse(s).
- The Decedent was married. I do have knowledge to provide information about the Decedent's spouse(s).

Name	Living or Deceased	Married or Divorced to Decedent at time of Decedent's Death

I understand 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Care and/or Partnership benefits (through Managed Care Organization)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Options Program benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wisconsin Chronic Disease Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the Decedent or the Decedent's spouse(s) received any of the services identified above, I have 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.



By accepting property under this Affidavit, I shall have the responsibility to apply the property transferred to me for the payment of obligations according to the priorities established by §859.25 of the Wisconsin Statutes, and to distribute any remainder as provided in the governing instrument (see §854.01 of the Wisconsin Statutes) or, if there is no governing instrument, according to the rules of intestate succession under Chapter 852 of the Wisconsin Statutes.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WISCONSIN THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE

Name: _____



STATE OF WISCONSIN
COUNTY OF _____

On _____ before me, _____, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name is subscribed to the within Affidavit and acknowledged to me that he/she executed the same in his/her authorized capacity, and who, being first duly sworn on oath according to law, deposes and says that he/she has read the foregoing Affidavit subscribed by him/her, and that the matters states herein are true to the best of his/her information, knowledge and belief.

I certify under PENALTY OF PERJURY under the laws of the State of Wisconsin that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public (Notary Seal)

