

Use

Request for a Closing Certificate for Fiduciaries



.00

tmont of D ۱۸/:

	Logol first name	8.4.1	Deserve				
ESTATES ONLY – Legal last name	Legal first name	M.I.	Decedent	s social security number			
TRUSTS ONLY – Legal name	STS ONLY – Legal name Estate's/Tr						
Individual or firm to whom the closing certificate should be mailed	ed Attention or c/o			County of jurisdiction			
Address		Probate case number					
City	State Zip code		Date of de	cedent's death (MM DD YY			
DARTL Information Required When Requi	cting a Clasing Cortificat	o for Eata	*				
PART I Information Required When Reque Complete lines 1 through 11 and sign on page 2.	esting a closing certificat	e for Esta	tes				
1. Does the decedent have a will? Yes	No (If Yes, enclose a co	opy)					
2. Type of probate 🔛 Formal 🔛 Informal							
3. If the decedent did not file tax returns for the 4 ye	ars prior to death, enter the ye	ar and the c	lecedent's	approximate incon			
20\$, 20\$, 20 \$, 20	\$			
4. Was the decedent contacted by the IRS and/or V							
If Yes, explain:		, , , , , , , , , , , , , , , , , , ,					
5. Is the gross income of the estate							
less than \$600?							
6. Will a final Form 2 be filed at a later date?	Yes No						
7. Is a certificate required by the court? Yes No See instructions.							
	Yes No See ins	structions.					
8. Was the decedent a resident of Wisconsin		structions.					
8. Was the decedent a resident of Wisconsin at the time of death?	L Yes L No						
8. Was the decedent a resident of Wisconsin at the time of death?	∟ Yes ∟ No						
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 	Yes No Yes No						
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 	YesNo YesNo ∕.						
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 0. Enter the totals of each of the assets listed below 	YesNo YesNo y) <u>№</u> CO						
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 0. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate 	YesNo YesNo No 		CENTS				
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 10. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory) 	YesNo YesNo No 	DMMAS; <u>NO</u> (Cents .00				
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 0. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate	Yes No Yes No Yes No No No No No No Co	рммаs; <u>no</u> (CENTS .00 .00				
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 10. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate b. Stocks and Bonds c. Mortgages, Notes, and Cash d. Land Contracts and Installment Sales 	YesNo YesNo No 	DMMAS; <u>NO</u> (CENTS .00 .00 .00	NOTE Where any li			
 8. Was the decedent a resident of Wisconsin at the time of death?	YesNo YesNo 	DMMAS; <u>NO</u> (CENTS .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blar			
 8. Was the decedent a resident of Wisconsin at the time of death?	Yes No Yes No Yes No Yes No No CO	DMMAS; <u>NO</u>	CENTS .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blan it will be deem			
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 0. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate	Yes No Yes No Yes No Yes No No CO	DMMAS; <u>NO</u>	CENTS .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blar it will be deem that NONE is t DECLARATIO			
 8. Was the decedent a resident of Wisconsin at the time of death?		00000000000000000000000000000000000000	CENTS .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blar it will be deem that NONE is t DECLARATIC for that line by t			
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 0. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate b. Stocks and Bonds c. Mortgages, Notes, and Cash d. Land Contracts and Installment Sales e. Insurance Payable to Estate f. Annuities and Employee Death Benefits Pay g. Other Miscellaneous Property Nonprobate Assets h. Jointly Owned Survivorship – Decedent's Share of Jointly Owned Property 		DMMAS; <u>NO</u>	CENTS .00 .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blan it will be deem that NONE is t DECLARATIC for that line by t person(s) signi			
 8. Was the decedent a resident of Wisconsin at the time of death?		2000 MMAS; NO (CENTS .00 .00 .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blan it will be deem that NONE is t DECLARATIC for that line by t person(s) signi			
 8. Was the decedent a resident of Wisconsin at the time of death? 9. Did the decedent own an interest in any partnership, S corporation, LLC, or LLP? 10. Enter the totals of each of the assets listed below Probate Assets (Enclose a copy of the inventory a. Real Estate b. Stocks and Bonds c. Mortgages, Notes, and Cash d. Land Contracts and Installment Sales f. Annuities and Employee Death Benefits Pay g. Other Miscellaneous Property Nonprobate Assets h. Jointly Owned Survivorship – Decedent's Share of Jointly Owned Property i. Decedent's Share of Survivorship Marital Pro- j. Insurance Payable to Named Beneficiaries 	Yes No Yes No Yes No Yes No No CC 10a 10b 10c 10c 10d 10c 10d 10d .	OMMAS; <u>NO</u>	CENTS .00 .00 .00 .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left blar it will be deem that NONE is t DECLARATIO for that line by t person(s) signi			
 8. Was the decedent a resident of Wisconsin at the time of death?		PMMAS; <u>NO</u>	CENTS .00 .00 .00 .00 .00 .00 .00 .00	NOTE Where any li from 10a throu 10L is left bla it will be deem that NONE is f DECLARATIC for that line by f person(s) signi			

PART II Information Required When Requesting a Closing Certificate for Trusts

Complete lines 1 through 9 and sign below.

1. Enclose a copy of the trust instrument with amendments (will/codicils) and copies of annual court accountings for past three years.

2.	a. Name(s) of grantor(s)				
	Social security number(s)				
	b. Name(s) of grantee(s)				
	Social security number(s)				
3.	On what date was the trust funded?				
4.	Was the trust contacted by the IRS and/or Wis. Dept. of Re	evenue	in the last 3	years? Yes	No If Yes, explain:
5.	a. State reason for closing the trust				
	b. If death of beneficiary, provide name of beneficiary, so	cial sec	urity numbe	r, last address, and	date of death.
6.	Have you petitioned the court to close the trust?		No		
7.	Has the trust made an annual accounting to a court?	_ Yes	No	If No, explain	
8.	Is a certificate required by the court?	_ Yes	L No	See page 15 of t	ne Form 2 instructions
9.	Enter the total fair market value of each of the assets listed final year of the trust. (NOTE Where any line from 9a throug for that line by the person(s) signing Schedule CC.)				
	a. Real Estate	. 9a _		.00	
	b. Stocks and Bonds.	. 9b		.00	
	c. Mortgages, Notes, and Cash	. 9c _		.00	
	d. Annuities and Life Insurance	. 9d _		.00	
	e. Interest in Partnerships, LLCs, and S Corporations	. 9e _		.00	
	f. Other Miscellaneous Property	. 9f _		.00	
	g. Total Assets (add lines 9a through 9f)			9g_	.00

I, as fiduciary, declare under penalties of law that I have examined this schedule (including accompanying documents and statements) and to the best of my knowledge and belief it is true, correct, and complete.

Your signature		Date	Daytime phone						
			()					
PERSON PREPARING FORM (Individual or firm) if other than the preceding signer									
Name	Signature of preparer	Date	Daytime phone						
			()					

Mail to: Wisconsin Department of Revenue PO Box 8918 Madison WI 53708-8918