



**Acknowledgment / Report of Escheated Estate**  
**Sec. 852.01(3) & 863.39, Wisconsin Statutes**

This is to acknowledge receipt of your filing of the escheat matter indicated in Item 1 below.

Please complete Items 1 through 8. (The information is necessary for a Legal Notice publication required under sec. 177.0503(2m), Wis. Stats.) Attach documents noted below and return to the Wisconsin Department of Revenue. Upon receipt, an executed copy will be sent as an official receipt to the person designated in Item 7. Your check should be made payable to the Wisconsin Department of Revenue.

**Contact Information:**  
 PHONE: (608) 264-4594  
 FAX: (608) 261-6799  
 Website: [www.revenue.wi.gov/UCP](http://www.revenue.wi.gov/UCP)  
 Email: [DORUnclaimedProperty@wisconsin.gov](mailto:DORUnclaimedProperty@wisconsin.gov)  
 Mail:  
 Wisconsin Department of Revenue  
 PO Box 8982  
 Madison WI 53708-8982

**Attach copies of all the following documents (if applicable)**

- Will
- Death Certificate
- Final Judgment
- Proof of Heirship
- Final Distribution
- If an informal probate please indicate and attach documentation

Federal Employee Identification or Social Security Number
County of Probate
File No.

<b>1 Escheat matter of named deceased</b>	<b>Amount</b>
<input type="checkbox"/> Estate of } <input type="checkbox"/> Will of } _____	\$ _____

**2 Nature of remittance**

The amount is the remaining estate which escheats under sec. 852.01(3), Wis. Stats., because there are no known heirs.

The amount has not been claimed by \_\_\_\_\_ within 120 days after entry of final judgement, which escheats under sec. 863.39, Wis. Stats.

**3 Date of final judgment of distribution**

**4 Place of decedent's death**

**5 Date of decedent's death**

**6 Name and address of Personal Representative**

**7 Name and address where receipt should be mailed**

**8 Signed by**

<input type="checkbox"/> Personal Representative <input type="checkbox"/> Attorney for _____ <input type="checkbox"/> Other _____	Signature	Date
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**Wisconsin Department of Revenue Receipt – A copy will be sent to person named in Item 7**

Amount Received  \$	Property ID	Receipt date
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Signature	Date
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