

NONPROBATE ASSET / PROPERTY DISCLOSURE

Complete this form to notify the Wisconsin Estate Recovery Program of nonprobate assets owned by the deceased member named below.

In the matter of:

Name – Deceased Member		County of Residence
Social Security Number (SSN)	Date of Death	Date of Birth
Street Address		
City	State	Zip Code

Check here if the **deceased member** has received one or more of the following:

- Medicaid or BadgerCare Plus benefits under Wis. Stat. ch. 49.
- Medicaid or non-Medicaid benefits under a long-term care program as defined in Wis. Stat. § 49.496 (bk).
- Wisconsin Community Options Program (COP) benefits under Wis. Stat. § 46.27.
- Wisconsin Chronic Disease Program (WCDP) benefits under Wis. Stat. §§ 49.68 through 49.685.

Check here if the **predeceased spouse** of the deceased member has received one or more of the following:

- Medicaid or BadgerCare Plus benefits under Wis. Stat. ch. 49.
- Medicaid or non-Medicaid benefits under a long-term care program as defined in Wis. Stat. § 49.496 (bk).
- Wisconsin Community Options Program (COP) benefits under Wis. Stat. § 46.27.
- Wisconsin Chronic Disease Program (WCDP) benefits under Wis. Stat. §§ 49.68 through 49.685.

Provide the name of the predeceased spouse and his or her SSN below. If more than one spouse, attach an additional sheet.

Name – Predeceased Spouse	SSN
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Disclosure of the SSN of a Medicaid member is mandatory per 42 U.S.C. 1320b-7. Disclosure of the SSN of a non-Medicaid member is voluntary. The SSN will only be used for the identification of Medicaid, BadgerCare Plus, COP, and WCDP members and for the administration of the Estate Recovery Section.

A. Immediately prior to death, did the deceased member's name appear on a title or deed to any real estate (including a life estate deed and/or transfer-on-death deed)? Yes No

If yes, complete the following and provide a copy of the deed or title and most recent tax bill. For more than one piece of real estate, attach a separate sheet that includes the information below.

Name – Owner of Real Estate		
Street Address – Real Estate		
City	State	Zip Code
Type of Real Estate (for example, land, home)	Type of Deed (for example, transfer on death)	

Name – Co-Owner of Real Estate

Name – Additional Co-Owner(s) of Real Estate

- B.** Immediately prior to death, did the deceased member’s name appear on any bank/financial institution accounts? Yes No

If yes, complete the following and provide a copy of a complete statement for each account showing the date-of-death balance. Attach a separate sheet for additional accounts.

Name – Bank/Financial Institution	Account Owner(s)	Account Number and Type

- C.** Immediately prior to death, did the deceased member’s name appear on any life insurance policies, prepaid burial trusts, revocable trusts, special needs trusts, stocks, bonds, U.S. government bonds, promissory notes, or other items of value? Yes No

If yes, complete the following. Also attach the **most recent statement** for the asset that shows the value immediately prior to the date of death. For revocable trusts, attach a complete copy of the trust documents, including Schedule A. For special needs trusts, provide a complete copy of the trust and value. Attach a separate sheet for additional assets.

Name – Owner	Name – Co-Owner
Type of Asset	Value
Name – Owner	Name – Co-Owner
Type of Asset	Value
Name – Owner	Name – Co-Owner
Type of Asset	Value

- D.** Immediately prior to death, did the deceased member’s name appear on any titles for a mobile home, automobile, truck, motorcycle, boat, camper, snowmobile, ATV, or farm equipment? Yes No

If yes, complete the following and **attach copies of the title for each**. Attach a separate sheet for additional assets.

Name – Owner	Name – Co-Owner			
Type of Asset	Year	Make	Model	Value

Name – Owner			Name – Co-Owner		
Type of Asset	Year	Make	Model	Value	
Name – Owner			Name – Co-Owner		
Type of Asset	Year	Make	Model	Value	

E. Additional Contact Information – If you will be represented by an attorney, provide the following information.

Name – Attorney		Phone Number (including area code)	
Mailing Address			
City		State	Zip Code

SIGNATURE – Person Completing This Form	Date Signed
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Street Address			
City		State	Zip Code

Print (retain a copy for your records) and mail the complete form, along with all required documents, to:

Wisconsin Department of Health Services
Division of Medicaid Services
Estate Recovery Section
PO Box 309
Madison, WI 53701-0309

Personally identifiable information will be used only in the administration of the Estate Recovery Section.