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March 31, 2022

VIA U.S. MAIL

Wisconsin Elections Commission  
212 East Washington Avenue, Third Floor  
P.O. Box 7984  
Madison, Wisconsin 53707-7984

Re: *Sandra Klitzke v. Meagan Wolfe, Angie Cain, Barb Bocik*

Dear Clerk:

Enclosed for filing in the above-referenced matter, please find Plaintiffs' Complaint with the Exhibits and Affidavit of Service.

Sincerely,



Erick G. Kaardal

EGK/mg  
Enclosures

**STATE OF WISCONSIN**  
**Before the Wisconsin Election Commission**  
**Case No. \_\_\_\_\_**

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*Sandra Klitzke, by her Guardian Lisa Goodwin,*  
*Complainant,*

*v.*

*Meagan Wolfe, Angie Cain, Barb Bocik,*  
*Respondents.*

---

**AFFIDAVIT OF SERVICE VIA U.S. MAIL**

---

Anne Hamann, of the City of Minneapolis, County of Hennepin, State of Minnesota, being affirmed on oath, says that on the 31st day of March, 2022 she served the following:

1. Complaint with Exhibits;

on the following parties in this action, by U.S. Mail with a true and correct copy thereof, enclosed in an envelope postage pre-paid, and directed to the following at their last known address:

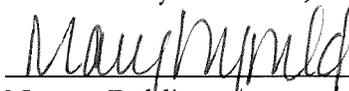
Meagan Wolfe  
Administrator  
Wisconsin Elections Commission  
212 East Washington Avenue, Third Floor  
P.O. Box 7984  
Madison, Wisconsin 53707-7984

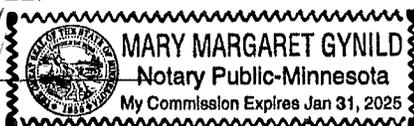
Barb Bocik  
Outagamie County Circuit Court Clerk  
Justice Center  
320 S. Walnut St.  
Appleton WI 54911

Angie Cain - Town Clerk  
1900 W. Grand Chute Boulevard  
Grand Chute, Wisconsin 54913-9613

  
\_\_\_\_\_  
Anne Hamann

Subscribed and affirmed to before me  
this 31st day of March, 2022.

  
\_\_\_\_\_  
Notary Public



**State of Wisconsin  
Before the Wisconsin Elections Commission**

**The Verified Complaint of**

Sandra Klitzke, by her Guardian  
Lisa Goodwin  
3300 W. Brewster St.  
Appleton, Wisconsin 54914

**Against Complaint Respondents**

Meagan Wolfe  
Administrator  
Wisconsin Elections Commission  
212 East Washington Avenue, Third Floor  
P.O. Box 7984  
Madison, Wisconsin 53707-7984

Angie Cain  
Town Clerk--Grand Chute  
1900 W. Grand Chute Boulevard  
Grand Chute, Wisconsin 54913-9613

Barb Bocik  
Outagamie County Circuit Court Clerk  
Justice Center  
320 S. Walnut St.  
Appleton, Wisconsin 54911

This complaint is made under Wisconsin Statutes § 5.06.

I, Lisa Goodwin, as guardian on behalf of ward and complainant Sandra Klitzke, allege, based on personal knowledge or upon information and belief, complain that:

## **Parties**

1. Complainant Sandra Klitzke is a resident of Outagamie County, Wisconsin. She resides at the adult residential care facility, Brewster Village, in Grand Chute, Wisconsin. Lisa Goodwin is the guardian of ward Sandra Klitzke.

2. Lisa Goodwin is a resident of De Pere, Wisconsin.

3. Respondent Meagan Wolfe is Administrator of the Wisconsin Elections Commission. The WEC is responsible for Wisvote. WisVote is the statewide election management and voter registration system. In 2016, WisVote replaced the Statewide Voter Registration System (SVRS), which was created in 2006 as required by the federal Help America Vote Act of 2002 (HAVA).

4. Respondent Angie Cain is the Town Clerk of Grand Chute. As the Town Clerk, Cain is responsible for and oversees the administration of elections within Grand Chute. The Clerk's office is responsible for voting and recording absentee ballots.

5. Respondent Barb Bocik is Outagamie County Circuit Court Clerk. The Clerk of Court is responsible to ensure guardianship and other orders that expressly state a person does not have the capacity to vote, are forwarded to the municipal clerk and the Wisconsin Elections Commission with a completed Notice of Eligibility form, identifying the person as "not competent to exercise the right to register to vote or to vote in an election."

## **Statement of Facts**

### **Family Background and Residence**

6. I am the only child of my mother Sandra Klitzke.

7. Sandra Klitzke has had cognitive decline for many years. Sandra Klitzke lives in an adult residential care facility, Brewster Village, at 3300 W. Brewster St., Grand Chute, Outagamie County, Wisconsin.

**I. Outagamie County Circuit Court Guardianship Order filed 12-19-20—  
not competent to register to vote or to vote in an election.**

8. I petitioned in 2019 that the Outagamie County Circuit Court appoint me as my mother's guardian because of her incapacity.

9. The Petition for Permanent Guardianship Due to Incompetency is attached hereto as Exhibit A.

10. I also petitioned for protective placement for my mother. *See* Exhibit B.

11. As part of the petitioning process, I filed an Examining Physician's or Psychologist's Report (a court form) dated November 20, 2019, signed by Deborah L. Schultz, M.D., 229 S. Morrison, Appleton, Wisconsin 54911. *See* Exhibit C.

12. At the time of the petition's filing, Klitzke resided in Brewster Village, an adult residential care facility, at 3300 W. Brewster St., Grand Chute, Outagamie County, Wisconsin.

13. The Examining Physician's or Psychologist's Report indicates that Sandra Klitzke did not "have the evaluative capacity...to vote."

14. On February 6, 2020, a court hearing was held on the guardianship petition in Outagamie County Circuit. *See* Exhibit D.

15. On February 21, 2020, the Outagamie County Circuit Court filed a guardianship order appointing me as a guardian and making my mother a ward without the right to vote. *See* Exhibit E.

16. At the time of the issuance of the February 21, 2020 court order, Klitzke resided in Brewster Village, an adult residential care facility, at 3300 W. Brewster St., Grand Chute, Outagamie County, Wisconsin. Klitzke continues to reside at the same address.

17. The Outagamie County Circuit Court restricted Sandra Klitzke's right to vote:

Rights to be removed in full. If removed these rights may not be exercised by any person. The individual has the incapacity to exercise the right to ... register to vote or to vote in an election.

Ex. E at 2.

**II. Someone completed an absentee ballot for Klitzke for the November 3, 2020 and the April 6, 2021 elections, despite the guardianship order.**

18. At some point, I checked Wisvote voting records to see if my mother voted.

19. The Wisvote records indicated that Klitzke voted in the November 3, 2020 election and the April 6, 2021 election. *See* Exhibit F.

20. I could not explain why the WisVote voting records would have indicated that my mother had voted in the November 2020 election. Neither I nor any other member of my immediate family completed an absentee ballot for my mother.

21. The fact that the WisVote records indicated that my mother voted in the November 3, 2020 election is contrary to the Outagamie County Circuit Court order. *See* Exhibit E.

22. The fact that WisVote records indicated that my mother again voted in the April 6, 2021 election is contrary to the Outagamie County Circuit Court order. *See* Exhibit E

23. I could not explain why the WisVote voting records would have indicated that my mother had voted in the April election. Neither I nor any other member of my immediate family completed an absentee ballot for my mother.

**III. WisVote records show that Klitzke is registered and active to vote, and that a provisional ballot sent and absentee ballot received for the April 5, 2022 election.**

24. On March 30, 2022, I checked Wisvote voting records to see if my mother is registered and active to vote. *See* Exhibits G and H.

25. The WisVote voting records indicate for Klitzke the following: “Status: You are Registered to Vote.” Exhibit G.

26. The WisVote voting records indicate that Klitzke has *requested* and has been *sent* an absentee ballot for the April 5, 2022 election:

“Absentee request submitted Mar. 12, “Preparing your absentee ballot Mar 8, 2022”

“Absentee ballot sent Mar 15, 2022”

Exhibit H.

27. I could not explain why the Wisvote voting records would have indicated that my mother had voted in the November 2020 election and April 2021 election and why my mother was sent an absentee ballot for the April 2022 election. Neither I nor any other member of my immediate family completed an absentee ballot for my mother.

**IV. Videotaped interview of Klitzke on December 9, 2021, has been conducted to confirm her incapacity to vote.**

28. Attorney Erick Kaardal conducted a videotaped interview of Klitzke at 9 a.m. on December 9, 2021, to test her capacity to vote.

29. Kaardal used a Competency Assessment Tool for Voting (CAT-V) in interviewing Klitzke.

30. Klitzke in responding to the CATV failed to show a capacity to vote.

31. I have attached a video tape recording of a December 9, 2021 interview of Klitzke as Exhibit J of my mother showing her incapacity to vote.

32. The videotaped interview confirmed that Klitzke does not have the capacity to vote.

**V. Wisconsin's circuit court clerks are required to send the "no vote" guardianship orders to municipal clerks, and notice, via probate registers, to the WEC.**

33. Once the court determines a person is not competent to exercise the right to register to vote or to vote in an election, Wisconsin Statutes § 54.25(2)(c)(1)(g) states that Wisconsin's circuit court clerks are required to send a notice or the "no vote" guardianship order to "election officials or agency" for the purpose of preventing the ward from registering to vote and from voting, here, the municipal clerk:

g. The determination of the court shall be communicated in writing by the clerk of court to the election official or agency charged under s. 6.48, 6.92, 6.925, 6.93, or 7.52 (5) with the responsibility for determining challenges to registration and voting that may be directed against that elector. The determination may be reviewed as provided in s. 54.64 (2) and any subsequent determination of the court shall be likewise communicated by the clerk of court....

34. Under current court procedures, the Register in Probate or the Clerk of Court or both, after a “no vote” guardianship order is issued, is to provide directly to the WEC a Notice of Voting Eligibility (circuit court form GN-3180 (CCAP)). *See e.g.*, Exhibit I.

35. The Register in Probate is within the administration of the clerk’s office. The Clerk of Court is responsible for the management of the Register in Probate as it relates to court orders affecting a person’s right to vote.

36. Upon information and belief, the Circuit Court Clerk or the Register in Probate or both under current court procedures, does not deliver the Notice of Voting Eligibility to the WEC. Otherwise, there is no other explanation why Klitzke remains on the WisVote as registered to vote, and is provided with an absentee ballot where it is also presumed the vote is counted.

37. Upon information and belief, the Circuit Court Clerk or the municipal clerk where the ward resides, here, Grand Chute Township, as found under Wisconsin Statutes § 54.25(2)(c)(1)(g) or other election law authority. Otherwise, there is no other explanation why Klitzke remains on the WisVote as registered to vote, and is provided with an absentee ballot where it is also presumed the vote is counted.

**VI. The Wisconsin Elections Commission administers the WisVote to accurately reflect registered voters and those who are either eligible or ineligible to vote, which is relied upon by municipal clerks.**

**WEC’s inaccurate data allows ineligible voters to vote.**

38. The Wisconsin Elections Commission and municipal clerks administer the Wisvote database. Each have a role; for instance, municipal clerks will enter data regarding newly registered voters, maintain or update voter addresses, or other similar responsibilities.

The WEC has similar responsibilities, including but not limited to, for example, identifying voters who are no longer eligible to vote as informed by circuit courts.

39. The WEC and municipal clerks, including Grand Chute, do not and have not accurately recorded “no vote” guardianship orders in the WisVote database for the purpose of preventing ineligible wards from registering to vote and from voting. An example is Sandra Klitzke. Otherwise, there is no other explanation why Klitzke remains on the WisVote as registered to vote, and is provided with an absentee ballot where it is also presumed the vote is counted.

40. Moreover, Klitzke’s guardianship order was issued on February 21, 2020. The WEC or the municipal clerk or both, did not and has not processed the order in over two years as of this date, March 31, 2022.

41. The over two year delay in processing a guardianship order finding a person not competent to exercise the right to register to vote or to vote in an election is inexcusable. It is presumed, that what has occurred in the case of Klitzke’s guardianship order has occurred repeatedly for equal if not greater lengths of time to others similarly situated.

42. The Wisconsin Elections Commission and municipal clerks failed accurately to record all “no vote” guardianship orders in the Wisvote database for the purpose of preventing ineligible wards from registering to vote and from voting in the November 3, 2020 election. An example is Sandra Klitzke. Otherwise, there is no other explanation why Klitzke remains on the WisVote database as registered to vote, and was provided with an absentee ballot where it is presumed that “her” absentee ballot be counted as a vote in the November 2020 election.

43. The presumed failures of the WEC, the Clerk of Court, and municipalities regarding guardianship orders that expressly identify a person not competent to exercise the right to register or to vote is presumed to be greater than just the example of Klitzke.

44. The WisVote database has a data field for ineligible “incompetent.” “Incompetent” is the word the Wisconsin Elections Commission chose as an indicator of ineligibility.

45. The WisVote database as of November 13, 2020, has only 802 total “incompetents” listed.

46. The Wisconsin Elections Commission does not maintain a list of “incompetents” to prevent same day registration and voting.

47. So, according to WisVote only 802 people in Wisconsin are ineligible to vote as “incompetent.”

48. But, upon reviewing the county-by-county information, this number should be much higher, perhaps 5,000 or more incompetents should be listed in WisVote or on a Wisconsin Elections Commission list to prevent same day registration and voting.

49. For example, based on the WisVote database as of November 13, 2020, LaCrosse County has 1 incompetent for every 1,980 residents; Vilas County has 1 incompetent for every 1,213; and Shawano County has 1 incompetent for every 1,363 residents.

50. But, to the contrary, the following 12 counties have zero people listed as incompetent ineligible to vote in the WisVote database: Ashland, Barron, Buffalo, Door, Florence, Iron, Marquette, Menominee, Pepin, Rusk, Taylor, and Vernon.

51. Also, to the contrary, the city of Milwaukee with an estimated population of 594,548 (2019) had only one person listed as incompetent ineligible to vote in the WisVote database.

52. The LaCrosse County Probate Registrar Nicole Schroeder has stated that the Wisconsin Elections Commission is not entering all the “no vote” guardianship orders she is sending to the Wisconsin Elections Commission.

53. Additionally, Kitzke is not in the 802 total WisVote database as incompetent ineligible to vote, but rather has a status of registered, active voter.

54. Additionally, Walter Jankowski of Dane County, who is under a “no vote” guardianship order is not in the 802 total WisVote database as incompetent ineligible to vote, but rather has a status of registered, active voter.

55. Below is the county-by-county breakdown for the 802 incompetent ineligible to vote persons in the WisVote data base as of November 13, 2020:

| <b>County</b>   | <b>No. of incompetents ineligible to vote</b> |
|-----------------|---|
| Adams County    | 1   |
| Ashland County  | 0   |
| Barron County   | 0   |
| Bayfield County | 3   |
| Brown County    | 54  |
| Buffalo County  | 0   |
| Burnett County  | 6   |
| Calumet County  | 3   |
| Chippewa County | 17  |
| Clark County    | 9   |

|                    |    |
|--------------------|----|
| Columbia County    | 1  |
| Crawford County    | 4  |
| Dane County        | 71 |
| Dodge County       | 26 |
| Door County        | 0  |
| Douglas County     | 7  |
| Dunn County        | 2  |
| Eau Claire County  | 29 |
| Florence County    | 0  |
| Fond du Lac County | 23 |
| Forest County      | 1  |
| Grant County       | 1  |
| Green County       | 9  |
| Iowa County        | 2  |
| Iron County        | 0  |
| Jackson County     | 8  |
| Jefferson County   | 2  |
| Juneau County      | 1  |
| Kenosha County     | 6  |
| Kewaunee County    | 5  |
| La Crosse County   | 61 |
| Lafayette County   | 3  |
| Langlade County    | 7  |
| Lincoln County     | 2  |
| Manitowoc County   | 5  |
| Marathon County    | 14 |
| Marinette County   | 3  |

|                    |                            |
|--------------------|----------------------------|
| Marquette County   | 0                          |
| Menominee County   | 0                          |
| Milwaukee County   | 63 City of Milwaukee has 1 |
| Monroe County      | 1                          |
| Oconto County      | 3                          |
| Oneida County      | 13                         |
| Outagamie County   | 20                         |
| Ozaukee County     | 21                         |
| Pepin County       | 0                          |
| Pierce County      | 4                          |
| Polk County        | 2                          |
| Portage County     | 7                          |
| Price County       | 5                          |
| Racine County      | 18                         |
| Richland County    | 2                          |
| Rock County        | 25                         |
| Rusk County        | 0                          |
| Saint Croix County | 14                         |
| Sauk County        | 4                          |
| Sawyer County      | 2                          |
| Shawano County     | 30                         |
| Sheboygan County   | 17                         |
| Taylor County      | 0                          |
| Trempealeau County | 2                          |
| Vernon County      | 0                          |
| Vilas County       | 19                         |
| Walworth County    | 16                         |

|                   |     |
|-------------------|-----|
| Washburn County   | 1   |
| Washington County | 14  |
| Waukesha County   | 41  |
| Waupaca County    | 2   |
| Waushara County   | 3   |
| Winnebago County  | 41  |
| Wood County       | 26  |
| Total             | 802 |

56. In conclusion, the Wisconsin Elections Commission and municipal clerks who administer the WisVote database, do not timely and accurately record all “no vote” guardianship orders in the WisVote database for the purpose of preventing ineligible wards from registering to vote and from voting.

57. WEC Commissioner Meagan Wolfe in her February 16, 2022 statements to the General Assembly Committee on Elections and Campaigns admitted that Wisconsin’s system of recording guardianship orders in the WisVote database to prevent ineligible wards from voting is are “not as quick” as it should be. *See* Wisconsin Eye, General Assembly Committee on Elections and Campaigns (Feb. 16, 2022 (starting at 1:45)).

## Count

The respondent public officials violated state law by allowing Klitzke and others similarly situated, under an expressed guardianship order finding her not competent to register to vote or vote in an election, is registered to vote and received absentee ballots in the November 2020 and April 2021 elections and for the April 2022 election.

**Klitzke and others similarly situated remain registered to vote and eligible to receive absentee ballots.**

58. According to the Wisvote User Manual (December 2020 edition), section 2.6, WEC is to maintain an accurate, complete, online, searchable “Incompetent List” which would include wards under “no vote” guardianship orders for use by the municipal clerk to render these persons in the Wisvote database ineligible to register or vote. Section 2.6 states:

### 2.6 Adjudicated Incompetents

The Incompetent List is an online searchable database of all persons adjudicated incompetent in your Jurisdiction. These persons are ineligible to vote or register to vote pursuant to Wisconsin Statutes if the court as remove their right to vote as part of the determination. This database also contains the records for persons adjudicated incompetent who have subsequently had their right to vote restored.

The Persons Adjudicated Incompetent List is organized by created date, last name, first name, middle initial, address, date of birth, the incompetent date and date restored (if any) and the court that made the determination. You may notice a few cases of what appears to be duplicate entries. This can happen when the person may be maintaining a residential address but is also a resident of a retirement or nursing home that may be in a different municipality than the residential address. You should review this list periodically to determine if a person currently registered is ineligible to vote.

59. Wisconsin Statutes § 54.25(2)(c)(1)(g) states that Wisconsin’s circuit court clerks are required to send the “no vote” guardianship orders to “election officials or agency” for the purpose of preventing the ward from registering to vote and from voting:

The determination of the court shall be communicated in writing by the clerk of court to the election official or agency charged under s. 6.48, 6.92, 6.925, 6.93, or 7.52 (5) with the responsibility for determining challenges to registration and voting that

may be directed against that elector. The determination may be reviewed as provided in s. 54.64 (2) and any subsequent determination of the court shall be likewise communicated by the clerk of court.

(Emphasis added.)

60. The purpose of the communication from Wisconsin’s circuit court clerk to “election officials or agency” is for the purpose of preventing the ward from registering to vote and from voting—essentially to enforce the circuit court order.

61. The Outagamie County Circuit Court Order dated February 21, 2020, states that Klitzke has “the incapacity to exercise the right to...register to vote or to vote in an election.”

62. Under current court procedures, the Register in Probate or the Clerk of Court or both, after a “no vote” guardianship order is issued, is to provide directly to the WEC a Notice of Voting Eligibility (circuit court form GN-3180 (CCAP). *See e.g.*, Exhibit I.

63. The Register in Probate is within the administration of the clerk’s office. The Clerk of Court is responsible for the management of the Register in Probate as it relates to court orders affecting a person’s right to vote.

64. Upon information and belief, the Circuit Court Clerk or the Register in Probate or both under current court procedures, does not deliver the Notice of Voting Eligibility to the WEC. Otherwise, there is no other explanation why Klitzke remains on the WisVote as registered to vote, and is provided with an absentee ballot where it is also presumed the vote is counted.

65. Upon information and belief, the Circuit Court Clerk does not deliver the Notice of Voting Eligibility to the municipal clerk where the ward resides, here, Grand

Chute Township, as found under Wisconsin Statutes § 54.25(2)(c)(1)(g) or other election law authority. Otherwise, there is no other explanation why Klitzke remains on the WisVote as registered to vote, and is provided with an absentee ballot where it is also presumed the vote is counted.

66. In turn, the WEC, by the responsibility of the WEC Administrator, Meagan Wolfe, and by the responsibility of the Town Clerk Angie Cain, failed to update the WisVote database to ensure Klitzke and others similarly situated did not register to vote and did not vote.

67. But for the inaction of respondent public officials, the WisVote database would have shown prior to the November 3, 2020 election that Klitzke and others similarly situated were “incompetent”—thus ineligible to register to vote or to vote.

68. As a consequence of the respondent public officials’ inactions, Klitzke and others similarly situated voted in the November 3, 2020 election and the April 6, 2021 election even though they were ineligible to vote. Wis. Stat. § 6.03(1); Ex. F.

69. As a consequence of the respondent public officials’ inactions, Klitzke and others similarly situated are still registered, active and eligible to vote in future elections. Ex. G.

70. As a consequence of the respondent public officials’ inactions, Klitzke and others similarly situated are being mailed out absentee ballots for the April 5, 2022 election even though they are ineligible to vote. Ex. H.

71. As a consequence of the respondent officials actions, omissions, or inactions, they have abused their discretion, violated state law, and violated circuit court “no vote”

guardianship orders. They failed to accurately include or update in the WisVote database Klitzke's circuit court orders expressly stating she and others similarly situated are not competent to register to vote or to vote in an election. *See* Wis. Stat. § 6.03(1). As a result of the violations of law, the respondent election officials were responsible for ineligible voters obtaining absentee ballots and presumably allowing for those votes to be counted in the November 2020 election and the April 2021 election. These same ineligible voters remain registered to vote in the April 2022 election and future elections.

**Prayer for relief**

WHEREFORE, Complainants respectfully request the Commission:

- To investigate the circumstances and factual allegations asserted in this Complaint regarding the legality of the above-named Respondents' acts, omissions, or inactions.
- To adjudicate that the above-named respondents, in their respective capacities as election officials, abused their discretion by violating state law and circuit court orders' voting restrictions on Sandra Klitzke and others similarly situated.
- To issue an appropriate administrative correction or other remedy under Wisconsin Statutes § 5.06 and any other administrative relief deemed appropriate.

Dated: March 31, 2022



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Erick G. Kaardal, No. 1035141  
Mohrman, Kaardal & Erickson, P.A.  
Special Counsel for Thomas More Society  
150 South Fifth Street, Suite 3100  
Minneapolis, MN 55402  
Telephone: (612) 341-1074  
Facsimile: (612) 341-1076  
Email: kaardal@mklaw.com  
Email: erickson@mklaw.com

VERIFICATION

I, Lisa Goodwin, being first duly sworn upon oath, state that I personally read the above verified complaint, and that the above allegations are true and correct based on my personal knowledge and, as to those stated on information and belief, I believe them to be true.

Dated: 3/29, 2022

Lisa Goodwin  
Lisa Goodwin

STATE OF WISCONSIN )

)ss.

COUNTY OF OUTAGAMIE )

Signed and sworn before me this 29th day of March, 2022, by Lisa Goodwin

(Seal, if any)

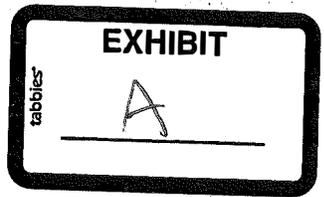


Sharon Noel  
Signature of Notarial Officer

Officer Manager

Title (and Rank)

My Commission expires: 8.11.2025



IN THE MATTER OF

Amended

Sandra Klitzke

**Petition for  
 Temporary  
 Permanent  
 Guardianship Due to Incompetency**

Name

1/23/1944

Date of Birth

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

1. I am Interested as

- a relative. I am related to the individual as \_\_\_\_\_
- a public official. My authority to act as petitioner is to provide protective services
- Other: \_\_\_\_\_

2. This Petition is filed in the county in which the individual

- resides.
- is physically present.
- Wisconsin is not the individual's home state but the court has jurisdiction because: \_\_\_\_\_
- Other: \_\_\_\_\_

3. The individual lives in Outagamie County, State of Wisconsin, (Phone Number) \_\_\_\_\_ and the individual's mailing address is (Street, City, State, Zip) 3300 W Brewster St, Appleton, WI 54914

4. The name and mailing address of the person or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:

Name Brewster Village Phone Number 920-832-5400  
 Mailing Address (Street) 3300 W Brewster St  
 (City, State, Zip) Appleton, WI 54914

This Petition for Guardianship is filed with a Petition for Protective Placement prior to transfer of the individual directly from a hospital to a nursing facility or community-based residential facility under §50.06, Wis. Stats.

5. The names and mailing addresses of all interested parties (including the petitioner and Corporation Counsel) and all others entitled to notice are as follows:  See attached

| Name         | Relationship                         | Mailing Address (Street, City, State, Zip) |
|--------------|--------------------------------------|--|
| Lisa Goodwin | Daughter/Proposed Temporary Guardian | 3476 Meadow Sand Dr, De Pere, WI 54115     |
| Emily Murphy | Petitioner                           | 320 S Walnut St, Appleton, WI 54911        |

6. The individual is married and has children who are not children of the current spouse.

7. The individual

does  does not have a current, valid Financial Durable Power of Attorney  activated.

Financial Agent Name Clifford Klitzke Phone Number 920-833-6584  
 Mailing Address (Street) 605 E Bronson Rd, #217  
 (City, State, Zip) Seymour, WI 54165

See attached

does  does not have a current, valid Power of Attorney for Health Care  activated.

Health Care Agent Name Clifford Klitzke Phone Number 920-833-6584  
 Mailing Address (Street) 605 E Bronson Rd, #217

[City, State, Zip] Seymour, WI 54165

See attached

does  does not have other advance planning to avoid guardianship.

If the above-named power of attorney or advanced planning exist, guardianship is still necessary because

POA passed away November 2019. Ms. Klitzke needs decision maker for immediate needs

See attached

8. I am  not aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county.

aware of a guardianship or other related proceeding or ordered proceeding involving the individual in another state or county. The details of the guardianship, or other related proceedings of which I am aware are as follows:  See attached

guardian(s) appointed in Wisconsin: (Name and county where appointed) \_\_\_\_\_

guardian(s) appointed out-of-state: (Name and state where appointed) \_\_\_\_\_

9. I nominate the following:

See attached

| Type of Guardian                 | Name         | Mailing Address [Street, City, State, Zip] | Telephone Number |
|----------------------------------|--------------|--|------------------|
| Guardian of the Person           | Lisa Goodwin | 3476 Meadow Sand Dr<br>De Pere, WI 54115   | 920-609-4712     |
| Guardian of the Estate           | Lisa Goodwin | 3476 Meadow Sand Dr<br>De Pere, WI 54115   | 920-609-4712     |
| Temporary Guardian of the Person | Lisa Goodwin | 3476 Meadow Sand Dr<br>De Pere, WI 54115   | 920-609-4712     |
| Temporary Guardian of the Estate | Lisa Goodwin | 3476 Meadow Sand Dr<br>De Pere, WI 54115   | 920-609-4712     |
| Standby Guardian of the Person   |              |  |                  |
| Standby Guardian of the Estate   |              |  |                  |

10. A sworn and notarized Statement of Acts by Proposed Guardian and Consent to Serve

accompanies this Petition.

will be filed at least 96 hours before the hearing.

will be provided, if required by the Court for temporary guardianship.

11. A. The approximate value of the individual's property is:

See attached

| General Description | Amounts | General Description  | Amounts |
|---------------------|---------|----------------------|---------|
| Cash/Bank Accounts: | \$ 0    | Other Liquid Assets: | \$0     |
| Real Estate:        | \$ 0    | Other Assets:        | \$      |

B. The assets of individual previously derived from or benefits of individual now due and payable from U.S. Department of Veterans Affairs are

none  \_\_\_\_\_

See attached

C. The individual receives public benefits, including medical assistance, SSI, SSDI or long term community options program benefits.  No  Yes, type and amount: \_\_\_\_\_

D. Any other claim, income, compensation, pension, insurance or allowance to which the individual may be entitled is  none.  as follows:  See attached

| General Description | Amounts (Monthly) | General Description | Amounts (Monthly) |
|---------------------|-------------------|---------------------|-------------------|
| Social Security     | \$0               | Investment Income   | \$0               |
| Pension             | \$0               | Other:              | \$                |
| Disability          | \$0               | Other:              | \$                |

**FOR PERMANENT GUARDIANSHIP**

12.  A. A Report of Examination by a Physician or Psychologist

Is filed with this Petition.

will be filed with the court and provided by the petitioner to the guardian ad litem and the attorney for the individual at least 96 hours before the time of the hearing.

B. A Certificate of Administrator (or representative) of U.S. Department of Veterans Affairs is filed with this Petition.

13. I allege that the individual is incompetent and a guardian should be appointed because:

A. the individual will be at least 17 years and 9 months of age as of the date of the hearing.

B. the individual has the following impairment:

- a developmental disability.
- degenerative brain disorder.
- serious and persistent mental illness.
- other like incapacities.

C. The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.

D. (For appointment of **guardian of the person**.) The individual, because of impairment, is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.

E. (For appointment of **guardian of the estate**.) The individual, because of an impairment, is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:

- (1) The individual has property that will be dissipated in whole or in part; or
- (2) The individual is unable to provide for the individual's support; or
- (3) The individual is unable to prevent financial exploitation.

14. The specific nature of the individual's alleged incapacity is as follows:

See attached

Ms. Klitzke suffers from late onset dementia, anxiety/psychosis/paranoia and organic brain dysfunction.

15. **GUARDIAN OF THE PERSON**

I request the appointment of a guardian of the person. If granted, I understand that this may result in a prohibition of the individual's ability to possess firearms pursuant to §54.10(3)(f), Wis. Stats.

**A. Rights to be removed in full. If removed, these rights may not be exercised by any person.**

I request that the court declare the individual has incapacity to exercise the right to

- (1) execute a will.
- (2) serve on a jury.
- (3) register to vote or to vote in an election.

**B. Rights to be removed in full or exercised only with consent of guardian of person.**

The individual has incapacity or limited capacity to exercise the following rights:

| (If any box is <u>not</u> checked, the individual <u>retains</u> that right in full.)                    | Individual may not exercise this right. Remove right in full. | Individual may exercise only with the consent of the guardian of the person. |
|--|---|--|
| (1) consent to marriage.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (2) apply for an operator's/driver's license.  | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (3) apply for a fishing license.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (4) apply for a license under Ch. 29, Wis. Stats., other than fishing.                                   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats. Specifically:<br>_____ | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (6) consent to sterilization.  | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (7) consent to organ, tissue, or bone marrow donation.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |

**C. Powers to be transferred to guardian of the person in full or in part.**

I request the court transfer to the guardian of the person to exercise the power in full or in part to:

- 1.A. give informed consent to the voluntary receipt by the individual of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the individual's best interest, if the guardian has first made a good-faith attempt to discuss with the individual the voluntary receipt of the examination, medication, or treatment and if the individual does not protest.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
- 1.B. give informed consent, if in the individual's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the individual's best interests.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
2. authorize individual's participation in an accredited or certified research project if the research project might help the individual, or others if minimal risk of harm.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
3. authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
4. consent to experimental treatment in the individual's best interests.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
5. give informed consent to receipt by individual of social and supported living services.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
6. give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
7. make decisions related to mobility and travel.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
8. choose providers of medical, social, and supported living services.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
9. make decisions regarding educational and vocational placement and support services or employment.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
10. make decisions regarding initiating a petition for termination of marriage.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
11. receive all notices on behalf of individual.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
12. act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceedings pertaining to the property, unless the guardian of the person is also the guardian of the estate.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
13. apply for protective placement or for commitment on behalf of the individual which does not require court approval.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
14. have custody of the individual.  
 Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_
15. Other: \_\_\_\_\_

See attached

16. **GUARDIAN OF THE ESTATE**

- I request the court

- A. appoint a guardian of the estate to perform duties under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as follows: (Choose one)
- (1) The individual retains all powers, except for the following powers to be transferred to the guardian: \_\_\_\_\_
- (2) All powers to be transferred to the guardian, except for the following powers: \_\_\_\_\_
- (3) All powers to be transferred to guardian.

- B. authorize the guardian of the estate to perform the following additional powers (other than to make gifts) that require court approval under §54.20(2), Wis. Stats.: \_\_\_\_\_  See attached
- C. direct the guardian of the estate to deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the individual, payable only upon further order of the court, and waive bond for the guardian of the estate.
- D. make a finding the individual may not make contracts, except for necessities at reasonable prices, and all gifts, sales, and transfers of property made by the individual after the filing of a certified copy of the order are void, unless notified by the guardian of the estate in writing.

17. **ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

I request the court dispense with the appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows: \_\_\_\_\_  See attached

**FOR TEMPORARY GUARDIANSHIPS**

- 18. A report or testimony from a physician or psychologist indicates there is a reasonable likelihood the individual is incompetent will be provided at the hearing.
- 19. There was no temporary guardianship of the individual in effect **within the last 90 days**.
- 20. The individual's particular situation, including the needs of the individual's dependents, if any, requires immediate appointment of a temporary guardian for the following specific reasons:  See attached  
POA passed away November 2019. Immediate decisions need to be made for medical & financial matters and individual is unable to do so.
- 21. I petition the court for the appointment of a temporary guardian with authority limited to those acts that are reasonably related to the reasons for appointment.
  - A. The authority requested for the temporary guardian of the person (if requested) is as follows:  See attached  
make all necessary decisions for medical and health care decisions
  - B. The authority requested for the temporary guardian of the estate (if requested) is as follows:  See attached  
make all necessary financial decisions
- 22. A Petition for Appointment of a Permanent Guardian of the Person or Estate is
  - being filed with this Petition.
  - not being filed with this Petition for the following reasons: \_\_\_\_\_  See attached
- 23. Additional requests: (including expedited hearings) \_\_\_\_\_  See attached

**I REQUEST THE COURT:**

- 1. Order a hearing on this Petition.
- 2. Make appropriate findings and appointments as requested above.
- 3. Award appropriate fees and costs.
- 4. Other: \_\_\_\_\_

State of Wisconsin

County of Outagamie

Subscribed and sworn to before me on 12/11/2019

*Megan M Hurley*  
Notary Public/Court Official  
Megan M Hurley

Name Printed or Typed

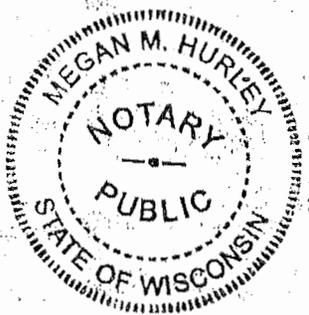
My commission/term expires: 4/23/2023

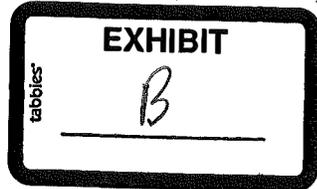
▶ *Emily Murphy*  
Petitioner

Emily Murphy  
Name Printed or Typed

320 South Walnut Street, Appleton, WI 54911  
Address

12/11/2019  
Date





IN THE MATTER OF

Sandra Klitzke  
Name

1/23/1944  
Date of Birth

Amended

**Petition for**  
 **Protective Placement**  
 **Protective Services**

Case No. \_\_\_\_\_

**UNDER OATH, I STATE:**

- I am interested as
  - Wisconsin Department of Health Services.
  - the county department or an agency with which the county department contracts.
  - a guardian.
  - an interested person. [Indicate relationship to individual] \_\_\_\_\_
  - Other: [Indicate relationship to individual] \_\_\_\_\_
- This Petition is filed in the county in which the individual
  - resides.
  - Is physically present due to extraordinary circumstances.
  - Other: \_\_\_\_\_
- The individual resides in Outagamie County, State of Wisconsin, and the individual's mailing address is [Street, City, State, Zip] 3300 W Brewster St, Appleton, WI 54914.

4. The names and mailing addresses of all interested parties (including the petitioner) and all others entitled to notice are as follows:  See attached

| NAME         | RELATIONSHIP                        | MAILING ADDRESS [Street, City, State and Zip] |
|--------------|-------------------------------------|---|
| Lisa Goodwin | Dauther/Proposed Temporary Guardian | 3476 Meadow Sand Dr, De Pere, WI 54115        |
| Emily Murphy | Petitioner                          | 320 S Walnut St, Appleton, WI 54911           |

- The individual, if married,  does  does not have children who are not of the current marriage.
- The individual
  - does  does not have a current, valid Financial Durable Power of Attorney  activated.  
 Financial Agent Name Clifford Klitzke (deceased) Phone Number 920-833-6584  
 Mailing Address [Street] 605 E Bronson Rd, #217  
 [City, State, Zip] Seymour, WI 54165
  - does  does not have a current, valid Power of Attorney for Health Care  activated.  
 Health Care Agent Name Clifford Klitzke (deceased) Phone Number 920-833-6584  
 Mailing Address [Street] 605 E Bronson Rd, #217  
 [City, State, Zip] Seymour, WI 54165
  - does  does not have other advance planning to avoid protective placement.  
 If the above-named power of attorney or advanced planning exist, protective placement is still necessary because: POA passed away November 2019. Ms. Klitzke needs decision maker for immediate needs.

See attached

- A. A Petition for Permanent Guardianship is filed with this Petition.
  - B. A guardian was appointed in
    - this county.
    - another county in this state. [Name of guardian and county where appointed] \_\_\_\_\_

another state. [Name of guardian and state where appointed] \_\_\_\_\_

8. The name and mailing address of the person(s) or institution, if any, that has care and custody of the individual or the facility, if any, that is providing care to the individual is:

Name Brewster Village Phone Number 920-832-5400  
Mailing Address 3300 W Brewster St, Appleton, WI 54914

Type of facility:  community based residential facility  
Is this facility licensed for 16 or more beds?  Yes  No  
 intermediate facility  center for developmentally disabled  nursing facility  
 Other: \_\_\_\_\_

9. I am requesting protective placement and/or protective services for the individual, based upon personal knowledge of the individual, and I state

- A. the individual is eligible for protective placement because the individual
  - has attained the age of 18.
  - is alleged to have a developmental disability and has attained the age of 14.
- B. a Petition for adult Protective Placement is initiated not more than 6 months prior to the individual's birthday at which the individual first becomes eligible for placement.
- C. the individual was adjudicated incompetent in Wisconsin more than 12 months before the filing of this Petition for Protective Placement and/or Protective Services and a court review is required of the finding of incompetency.
- D. the non-resident individual has a need for protective placement and/or protective services and a separate Petition to Transfer a Foreign Guardianship was filed whether the individual is present in the state.
- E. a comprehensive evaluation and community plan (if required) and recommendation for placement by the appropriate board or designated agency  is filed.  will be filed.  
A copy of the comprehensive evaluation and any independent comprehensive evaluation will be provided to the individual's guardian, agent under any activated health care power of attorney, guardian ad litem, the individual and the individual's attorney **at least 96 hours in advance of the hearing** to determine protective placement or protective services.

**FOR PROTECTIVE PLACEMENT**

10. A. The individual needs protective placement and **meets the standards** for protective placement specified in §55.08 (1), Wis. Stats., as follows:

- 1) the individual has a primary need for residential care and custody.
- 2) except in the case of a minor that is age 14 or older, who is alleged to have a developmental disability, the individual has either been adjudicated to be incompetent by a circuit court or a petition for guardianship was submitted on the minor's behalf;
- 3) as a result of a
  - developmental disability
  - degenerative brain disorder
  - serious and persistent mental illness
  - other like incapacities,
 the individual is so totally incapable of providing for his or her own care or custody as to create a substantial risk of serious harm to himself or herself or others. Serious harm may be evidenced by overt acts or acts of omission.
- 4) the individual has a disability that is permanent or likely to be permanent.

B. The specific facts and details of how the individual **meets the standards** for protective placement and needs protective placement are as follows:  See attached

Ms. Klitzke is placed in a facility of 16 or more beds, which requires a protective placement order.

- C. The individual is alleged to have a developmental disability.
- D. The petitioner requests protective placement of the individual in the following facility: Brewster Village or a like facility.
- E. A locked unit is necessary because: \_\_\_\_\_
- F. This petition for protective placement is filed prior to transfer of the individual directly from a hospital to a nursing home or community-based residential facility and the individual  does  does not verbally object to or otherwise actively protest the admission.

**FOR PROTECTIVE SERVICES**

11. A. The individual **meets all of the standards** as follows for protective services specified in §55.08(2), Wis. Stats.

- 1) The individual was determined incompetent by a circuit court or is a minor who is alleged to have a developmental disability and on whose behalf a Petition for Guardianship was submitted, **and**
- 2) As a result of a developmental disability, degenerative brain disorder, serious and persistent mental illness, or other like incapacities, the individual will incur a substantial risk of physical harm or deterioration or will present a substantial risk of physical harm to others if protective services are not provided.

B. The specific facts and details explaining how the individual **meets the standards** for protective services and needs protective services are as follows:  **See attached**

**I REQUEST THE COURT:**

- 1. Order a hearing on this Petition.
- 2. Make appropriate findings and order
  - protective placement of the individual.
  - protective services for the individual.
- 3. Award appropriate fees and costs.

4. Other: \_\_\_\_\_

State of Wisconsin

County of Outagamie

Subscribed and sworn to before me on 12/11/2019

Megan M Hurley  
Notary Public/Court Official

Megan M Hurley  
Name Printed or Typed

My commission/term expires: 4/23/2022

Emily Murphy  
Petitioner  
Emily Murphy  
Name Printed or Typed

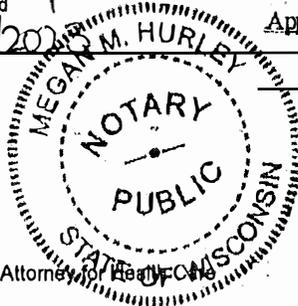
320 S. Walnut St  
Street Address

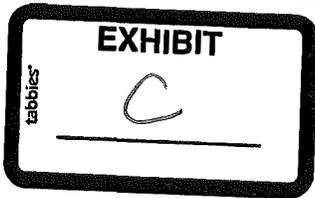
Appleton, W. I 54911  
City, State, Zip

12/11/2019  
Date

**DISTRIBUTION:**

- 1. Court
- 2. Petitioner/Individual/Ward
- 3. Individual/Ward's Guardian
- 4. Individual/Ward's Legal Counsel
- 5. Guardian ad litem
- 6. Individual/Ward's agent under Power of Attorney or Health Care
- 7. Presumptive Adult Heirs
- 8. Facility in which the Individual/Ward resides/Physical Custodian
- 9. County Department of Individual/Ward's county of residence under §55.18(1)(a)
- 10. County Department of Individual/Ward's placement under §55.18(1m)
- 11. Other: \_\_\_\_\_





STATE OF WISCONSIN, CIRCUIT COURT, \_\_\_\_\_ COUNTY

IN THE MATTER OF

Amended

Sandra Alitzke  
Name

Examining Physician's or  
Psychologist's Report

01/23/1944  
Date of Birth

Case No. \_\_\_\_\_

Prior to beginning your evaluation of this individual, did you read to him or her the "STATEMENT TO BE READ TO THE INDIVIDUAL PRIOR TO EXAMINATION?"  Yes  No

If no, Explain: \_\_\_\_\_

Did the individual appear to understand?  Yes  No

Comment: Replied "I love you"

**PATIENT INFORMATION:**

Date of Birth: 01/23/44 Age: 75 Gender:  Female  Male Marital Status: widow

If available: Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair Color \_\_\_\_\_

Children: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Veteran Status: \_\_\_\_\_

Occupation and Employment Status: \_\_\_\_\_

**EXAMINATION**

Name of Examiner: Deborah A. Schmitt

Date of Examination: 11/20/19 Time spent with the individual: 5

Place of Examination: Brewster Village

Collateral sources used as part of your evaluation

Records: medical records

Interviews: staff

Other: I have been her primary physician since August

Brief History: (Report relevant social and medical history) Husband recently died w/o of 1995 and know her well had been her a valid DPOA-HC

- 1. Check this box only if ALL of the following are true:
    - A. This individual has suffered a sudden and catastrophic injury or illness and is presently unresponsive, unconscious, or comatose; AND
    - B. His or her condition is likely to persist for the foreseeable future; AND
    - C. It is not possible to interview or evaluate him or her, AND
    - D. An alternate decision maker is required to provide for his or her proper care and treatment.
- (If #1. is checked, proceed directly to #9.)

**CONFIDENTIAL COURT FORM**

2. Did the individual's presentation suggest sedation, intoxication, delirium or other condition affecting the individual's participation in the examination?  Yes  No  
 Explain: Alert. Usual self

3. A. Estimate the individual's level of intelligence:

Impaired

B. Describe the individual's level of functional knowledge: (e.g. ability to read, use currency, phone, etc.)

Impaired

4. Note level of impairment and describe examination findings in the following areas:

Orientation  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Attention/Concentration  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Sensory/Motor Functioning  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Language/Communication  Intact  Mild Impairment  Moderate  Severe  
 Findings: able to make needs known. (I would find it difficult)

Memory  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Reasoning  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Other Executive Functioning  
 (Insight, Judgment, Planning, Initiation, etc.)  Intact  Mild Impairment  Moderate  Severe  
 Findings: \_\_\_\_\_

Emotional/Behavioral Functioning  Intact  Mild Impairment  Moderate  Severe  
 Findings: PARANOID - currently medication addressing volatile

5. Does the individual adequately understand and appreciate the nature and consequences of any impairment he or she may have?  Yes  No

Explain: has dementia superimposed on multiple

6. A. Does the individual have incapacity due to his/her impairments?  Yes  No

B. Is this incapacity permanent? (Unlikely to resolve with treatment)  Yes  No

C. Using the definitions on the instruction sheet, specify the condition(s) related to the incapacity.

(Check all that apply)

- (1) Developmental disability.
- (2) Degenerative brain disorder.
- (3) Serious and persistent mental illness.
- (4) Other like incapacities.

What are the diagnoses for each checkbox above?

Explain: late onset dementia & behavioral problems, multiple sclerosis &

Is this condition likely to be permanent?

- |   |                             |
|---|-----------------------------|
| <input type="checkbox"/> Yes            | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

anxiety  
psychosis & paranoia  
↑ hx delus. dis

7. Does the individual's incapacity interfere with ability to organize & carry out function

- A. receive and evaluate information?  Yes  No
- B. use information in a decision process?  Yes  No
- C. communicate decisions?  Yes  No
- D. protect himself or herself from abuse, exploitation, neglect or rights violation?  Yes  No
- E. meet essential requirements of his or her health and safety?  Yes  No
- F. manage his or her property and financial affairs?  Yes  No
- G. address risk of property being dissipated in whole or in part?  Yes  No
- H. provide for his or her own support?  Yes  No

**CONFIDENTIAL COURT FORM**

I. prevent financial exploitation?

Yes  No

Explain how the individual's impairments result in the incapacities in A. - I. noted above:

*Shirley has no insight into her deficits. Slurs 10/30 6/2019*

8. Would any of the following less restrictive interventions eliminate need for guardianship for this individual?

- A. Training or education  Yes  No
- B. Support services  Yes  No
- C. Assistive devices  Yes  No
- D. Advanced planning (e.g. Powers of attorney, trust, etc.)  Yes  No
- E. Representative payee  Yes  No

F. Other: *Other than feeding self, washing face she is dependent*  
Explain why a less restrictive measure is or is not appropriate for this individual: *WALL ADLS.*

9. Does the individual have the evaluative capacity to

- A. execute a will?  Yes  No
- B. serve on a jury?  Yes  No
- C. register to vote or vote in an election?  Yes  No

10. A. Does the individual have the evaluative capacity to

(If "No", indicate whether the individual could exercise the right with approval of his/her guardian.)

- (1) consent to marriage?  No  Yes  Yes, with guardian approval
- (2) apply for an operator's/driver's license?  No  Yes  Yes, with guardian approval
- (3) apply for a fishing license?  No  Yes  Yes, with guardian approval
- (4) apply for a license under Ch. 29, Wis. Stats., other than fishing?  No  Yes  Yes, with guardian approval
- (5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats. Specifically:  No  Yes  Yes, with guardian approval
- (6) consent to sterilization?  No  Yes  Yes, with guardian approval
- (7) consent to organ, tissue, or bone marrow donation?  No  Yes  Yes, with guardian approval

Comments:

B. Does the individual have the evaluative capacity to

- (1)A consent to medical examination and treatment, and consent to voluntary medication, including psychotropic medication that is in the individual's best interests?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (1)B consent to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment that is in the individual's best interests?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (2) authorize the participation in an accredited or certified research project if the research project might help the individual or others, if there is a minimal risk of harm to the individual?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (3) authorize the participation in research that might not help the individual but might help others if there is greater than minimal risk or harm to the individual, and evidence indicates the individual would have elected to participate?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (4) consent to experimental treatment in the individual's best interests?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (5) consent to receipt by individual of social and supported living services?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (6) consent to release of confidential records other than court, treatment, and individual health care records and redisclosure as appropriate?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (7) make decisions related to mobility and travel?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_
- (8) choose providers of medical, social, and supported living services?

### CONFIDENTIAL COURT FORM

- No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_  
 (9) make decisions regarding educational and vocational placement and support services or employment?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_  
 (10) make decisions regarding initiating a petition for termination of marriage?  
 No  Yes, independently  Yes, with the following limitations: \_\_\_\_\_

11. Is the individual prescribed psychotropic medications?  Yes  No  
 If Yes and the individual is refusing or resisting this course of treatment, do you recommend a full evaluation regarding capacity to refuse psychotropic medications?  Yes  No  
 Comments: not resisting; compliant w medication

**PROTECTIVE PLACEMENT (#12 - #14)**

12. Does this individual require placement in a licensed, certified or registered setting?  Yes  No  
 A. If yes, does the individual have a primary need for residential care and custody?  Yes  No  
 B. If yes, does the individual's incapacity render him/her so incapable of providing for his/her own care or custody as to create a substantial risk of serious harm to himself/herself or others?  Yes  No  
 C. If yes, is the individual's incapacity permanent or likely to be permanent?  Yes  No  
 Explain: Progressive dementia  
 If you answered "NO" to any part of #12, skip to #14.

13. Do the placement needs of this individual include: (Check all that apply)  
 24 hour supervision?  
 A secure setting with monitored egress?  
 A locked setting?  
 On site skilled nursing care?  
 Explain: Receives injections Behavior a day, multiple medication

14. In lieu of protective placement for this individual, would you recommend protective services?  Yes  No  
 Specify: \_\_\_\_\_

15. Do you believe this individual is able to attend court hearings?  
 A. Yes.  
 B. There are medical contraindications to his or her attendance at a hearing. The individual could participate if the hearing was held at the individual's location.  
 C. There are other contraindications to the individual's attendance at a hearing.  
 Explain: \_\_\_\_\_

16. If you have any additional comments you feel are important in evaluating the individual's need for a guardianship and/or protective placement or services, make them here.  See attached  
 Comments: \_\_\_\_\_

**TO THE COURT:**

I am a  physician.  psychologist.

This report is made to the Court as part of a proceeding to appoint a guardian for an individual on the ground that the individual allegedly has incompetency. It contains my professional opinion regarding the presence and likely duration of any medical or other condition causing this individual to have incapacity.

I certify that I have, by personal examination and inquiry, satisfied myself as to the condition of capacity of this individual and the result of my evaluation and inquiry will be found in my answers to the above questions, which are true to the best of my knowledge and to a reasonable degree of professional certainty.

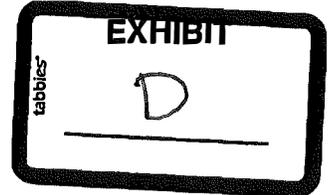
Deborah L. Schulte M.D. 229 S. Morrison  
 Examiner Address  
Deborah L. Schulte M.D. Appleton, WI 54911  
 Name Printed or Typed  
11-20-19  
 Date

**CONFIDENTIAL COURT FORM**

FILED  
12-19-2019  
Register in Probate  
Outagamie County  
2019GN000169

DATE SIGNED: December 19, 2019

Electronically signed by Susan J. Lutz  
Probate Court Commissioner



STATE OF WISCONSIN, CIRCUIT COURT, OUTAGAMIE COUNTY

IN THE MATTER OF

Amended

SANDRA KLITZKE  
Name

Order and Notice of Hearing

1/23/1944  
Date of Birth

Case No. 19GN169

A Petition was filed by (Name) Emily Murphy, of the Outagamie County DHHS requesting:

- temporary guardian of  person.  estate.
- permanent guardian of  person.  estate.
- standby guardian of  person.  estate.
- successor guardian of  person.  estate.
- protective placement.
- protective services.
- involuntary administration of psychotropic medication.

For guardianship, the court is satisfied as to compliance with §54.34, Wis. Stats.

**THE COURT ORDERS:**

1. The Petition be heard at

| NOTICE OF HEARING   |  |                                |
|---------------------|--|--------------------------------|
| Date                | Time                                     | Location (Include Room Number) |
| February 6, 2020    | 1:30 p.m.                                | Circuit Court Branch 6         |
| Court Official      | Outagamie County Government Center       |                                |
| Vincent R. Biskupic | 320 S. Walnut Street, Appleton, WI 54911 |                                |

If you require reasonable accommodations to participate in the court process due to a disability, please call 920-832-6038 to the scheduled court date. Please note that the court does not provide transportation.

2. A copy of this Order and the Petition shall be served upon the individual and guardian, if any, and delivered to all interested persons and all others entitled to notice.
3. A copy of the Physician or Psychologists Report shall be filed with the court and provided by the petitioner to the guardian ad litem and the attorney for the proposed ward or ward at least 96 hours before the time of the hearing.
4. For protective placement, if the individual is developmentally disabled and is in or may be placed in a nursing or intermediate care facility, a copy of this Order and the Petition shall be served upon the appropriate board or designated agency. The board or agency shall submit to the court within 120 days of this order a plan for home or community-based care in the most integrated setting appropriate to the needs of the individual.

5. The Individual, if able to attend, shall appear in person at the hearing, unless attendance is waived by the guardian ad litem and waiver is certified in writing to the court.
6. For protective placement or protective services, a copy of the comprehensive evaluation and any independent comprehensive evaluation shall be provided at least 96 hours in advance of the hearing to the individual's guardian, agent under activated health care power of attorney, guardian ad litem, and to the individual or individual's attorney.

**NOTICE:** If this is a Temporary Guardianship proceeding, the individual is notified of the right to an attorney and the right to petition for reconsideration or modification of the temporary guardianship.

**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.**



FILED  
02-21-2020  
Register in Probate  
Outagamie County  
2019CS000169

DATE SIGNED: February 21, 2020

Electronically signed by Vincent R Bliskupis  
Circuit Court Judge

STATE OF WISCONSIN, CIRCUIT COURT, OUTAGAMIE COUNTY

IN THE MATTER OF

Amended

SANDRA KLITZKE

**Determination and Order on Petition for Guardianship  
Due to Incompetency**

Name

1/23/1944

Case No. 19CN169

Date of Birth

A Petition for Guardianship Due to Incompetency was filed and a hearing was held on (date) February 6, 2020. After consideration of the reports and other documents on file, all factors required by the statutes, and such additional information presented;

**THE COURT FINDS:**

**1. JURISDICTION, VENUE, NOTICE, APPEARANCES AND EVALUATIONS TO COURT**

- A. This court  does  does not have jurisdiction over the subject matter and the individual.
  - Wisconsin is not the individual's home state but the court has jurisdiction because:
- B. This court  is  is not a proper venue.
- C. Notice  was  was not properly served.
- D. The individual is
  - present.
  - not present because the guardian ad litem waived the individual's attendance.
  - Other:
- E. The proposed guardian and any proposed standby guardian are
  - present as follows: Lisa Goodwin
  - not present and the court permits attendance by telephone for good cause shown as follows:
  - not present and the court excuses the attendance as follows:
- F. Additional evaluations are not necessary.

**2. CAPACITY AND NEED FOR GUARDIANSHIP**

- Upon presentation of clear and convincing evidence,
- the individual is not incompetent.
  - advanced planning by the individual renders guardianship unnecessary.
  - the elements of the petition are unproven.
  - the application for appointment of a conservator by the individual under §54.76, Wis. Stats., is appropriate.
  - the individual was adjudicated incompetent in another jurisdiction and a petition for receipt and acceptance of a foreign guardianship was granted.
  - The individual is a minor who has attained age 14 and is developmentally disabled.
  - The individual is found to be incompetent because
    - A. the individual is at least 17 years and 9 months of age; AND
    - B. the individual is impaired as a result of

- a developmental disability.
- degenerative brain disorder.
- serious and persistent mental illness.
- other like incapacities, AND

C. The individual's need for assistance in decision-making or communication is unable to be met effectively and less restrictively through appropriate and reasonably available training, education, support services, health care, assistive devices, or other means that the individual will accept.

D. (For appointment of guardian of the person)  
the individual, because of impairment, is unable effectively to receive and evaluate information or to make or communicate decisions to such extent that the individual is unable to meet the essential requirements for the individual's physical health and safety.

E. (For appointment of guardian of the estate)  
the individual, because of an impairment, is unable effectively to receive and evaluate information or to make or communicate decisions related to management of the individual's property or financial affairs, to the extent that at least one of the following applies:

- (1) The individual has property that will be dissipated in whole or in part; or
- (2) The individual is unable to provide for the individual's support, or
- (3) The individual is unable to prevent financial exploitation.

3. **GUARDIAN OF THE PERSON**

The individual is in need of a guardian of the person.

A. Rights to be removed in full. If removed, these rights may not be exercised by any person.

The individual has the incapacity to exercise the right to

- (1) execute a will.
- (2) serve on a jury.
- (3) register to vote or to vote in an election.

B. Rights to be removed in full or exercised by individual only with consent of guardian of person.

The individual has incapacity or limited capacity to exercise the following rights:

| (If any box is <u>not</u> checked the individual retains that right in full.)                      | Individual may not exercise this right. Remove right in full. | Individual may exercise only with the consent of the Guardian of the Person. |
|--|---|--|
| (1) consent to marriage.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (2) apply for an operator's/skiver's license.  | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (3) apply for a fishing license.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (4) apply for a license under Ch. 29, Wis. Stats., other than fishing.                             | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (5) apply for any other license or credential under §54.25(2)(c)1.d., Wis. Stats.<br>Specifically: | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (6) consent to sterilization.  | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |
| (7) consent to organ, tissue, or bone marrow donation.   | <input checked="" type="checkbox"/>                           | <input type="checkbox"/>   |

C. Powers to be transferred to guardian of the person in part or in full.

The court transfers to the guardian of the person the power to exercise in full or in part to

- 1.A. give informed consent to the voluntary receipt by the individual of a medical examination, medication, including any appropriate psychotropic medication, and medical treatment that is in the individual's best interest, if the guardian has first made a good-faith attempt to discuss with the individual the voluntary receipt of the examination, medication, or treatment and if the individual does not protest.  
 Full Transfer.  Partial Transfer. The individual retains the power to:
- 1.B. give informed consent, if in the individual's best interests, to the involuntary administration of a medical examination, medication other than psychotropic medication, and medical treatment.  
 Full Transfer.  Partial Transfer. The individual retains the power to:
- 2. authorize individual's participation in an accredited or certified research project if the research project might help the individual or others if minimal risk of harm.  
 Full Transfer.  Partial Transfer. The individual retains the power to:
- 3. authorize individual's participation in research that might not help the individual but might help others if greater than minimal risk of harm to the individual but evidence indicates individual would have elected to participate.  
 Full Transfer.  Partial Transfer. The individual retains the power to:
- 4. consent to experimental treatment in the individual's best interests.

- 5.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
give informed consent to receipt by individual of social and supported living services.
- 6.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
give informed consent to release of confidential records other than court, treatment, and patient health care records and redisclosure as appropriate.
- 7.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
make decisions related to mobility and travel.
- 8.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
choose providers of medical, social, and supported living services.
- 9.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
make decisions regarding educational and vocational placement and support services or employment.
- 10.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
make decisions regarding initiating a petition for termination of marriage.
- 11.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
receive all notices on behalf of the individual.
- 12.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
act in all proceedings as an advocate of the individual, except the power to enter into a contract that binds the individual or the individual's property or to represent the individual in any legal proceeding pertaining to the property, unless the guardian of the person is also the guardian of the estate.
- 13.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
apply for protective placement or for commitment on behalf of the individual which does not require court approval.
- 14.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
have custody of the individual.
- 15.  Full Transfer.  Partial Transfer. The individual retains the power to: \_\_\_\_\_  
Other: With regard to the rights of 3B (6) and 3C (2)(3)&(4) that they be exercised only with the guardian petitioning the Court and the Court granting permission through a Court Order. With regard to 3C (L.A) and (L.B), the guardian must petition the Court for use of involuntary Psychotropic Medication administration.

See attached

4. **GUARDIAN OF THE ESTATE**

It is appropriate to

- A. appoint and authorize a permanent guardian of the estate to perform duties under §54.19, Wis. Stats., and exercise the powers that do not require court approval under §54.20(3), Wis. Stats., except as follows:  
(Choose one)
  - (1) The individual retains all powers, except for the following powers to be transferred to the guardian: \_\_\_\_\_
  - (2) All powers to be transferred to the guardian, except for the following powers: \_\_\_\_\_
  - (3) All powers to be transferred to guardian.
- B. authorize the guardian of the estate to perform the following additional powers (other than to make gifts) that require court approval under §54.20(2), Wis. Stats.: \_\_\_\_\_  
 See attached
- C. direct the guardian of the estate to deposit the individual's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the individual, payable only upon further order of the court, and waive bond for the guardian of the estate.
- D. order that the individual may not make contracts, except for necessities at reasonable prices, and all gifts, sales, and transfers of property made by the individual after the filing of a certified copy of the order are void, unless notified by the guardian of the estate in writing.

5. **ALTERNATIVE TO GUARDIANSHIP OF ESTATE FOR SMALL ESTATES**

It is appropriate to dispense with the appointment of a guardian of the estate and transfer the individual's funds of \$50,000 or less according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows:

See attached

6. **POWER OF ATTORNEY**

Even though the individual has executed a Financial Durable Power of Attorney, has a current, valid Power of Attorney for Health Care, or other advanced planning, guardianship is still necessary, for the following reasons:

The power of attorney for healthcare document and the power of attorney for finances document, both dated 9/6/94, are invalidated as the only named agent is deceased.

See attached

Good cause exists to  revoke  limit the Power of Attorney for Health Care because:  
The power of attorney for healthcare document dated 9/6/94 is invalidated as the only named agent is deceased; however, the "end of life" care directives contained in such document shall be preserved and remain valid.

See attached

Good cause exists to  revoke  limit the Financial Durable Power of Attorney because:  
The power of attorney for finances document dated 9/6/94 is invalidated as the only named agent is deceased.

See attached

The appointment of the agent under the individual's Power of Attorney for Health Care as guardian of the person is not in the best interest of the individual because:  
only named agent is deceased.

See attached

The appointment of the agent under the individual's Financial Durable Power of Attorney as guardian of the estate is not in the best interest of the individual because:  
only named agent is deceased.

See attached

**7. SUITABILITY OF GUARDIAN**

Based upon the Statement of Acts by Proposed Guardian and Consent to Serve, the recommendation of guardian ad litem, and the court having considered all nominations and applicable preferences and criteria, including the opinions of the individual and of the members of his or her family, and any potential conflicts of interest resulting from the proposed guardian's employment or other potential conflicts of interest, the following is/are suitable to be appointed:

| Type of Guardian               | Name         | Mailing Address (Street, City, State, Zip) | Telephone Number |
|--------------------------------|--------------|--|------------------|
| Guardian of the Person         | Lisa Goodwin | 3476 Mendaw Sand Dr.<br>De Pere, WI 54115  | 920-669-4712     |
| Guardian of the Estate         | Lisa Goodwin | 3476 Mendaw Sand Dr.<br>De Pere, WI 54115  | 920-669-4712     |
| Standby Guardian of the Person |              |  |                  |
| Standby Guardian of the Estate |              |  |                  |

**8. PETITIONER'S ATTORNEY FEES AND COSTS**

It is  equitable  inequitable to award payment of petitioner's reasonable attorney fees and costs from the individual's income and assets.

9. Other: \_\_\_\_\_

**THE COURT ORDERS:**

The Petition is

dismissed for the following reason(s): \_\_\_\_\_

granted as follows:

**1. POWER OF ATTORNEY**

A. The Power of Attorney for Health Care  
 remains in effect.  is revoked.  is limited as follows: is revoked; however, the "end of life" care directives contained in Sandra Klitzke's power of attorney for healthcare document dated 9/6/94 shall be preserved and remain valid.

See attached

B. The Financial Durable Power of Attorney

remains in effect.

is revoked.

is limited as follows: \_\_\_\_\_

See attached

**2. APPOINTMENT OF GUARDIAN**

A. The court appoints the person(s) nominated as guardian to serve in the capacities indicated.

B. The guardian is authorized to exercise powers in part or in full consistent with the above findings in a manner that is appropriate to the ward and that constitutes the least restrictive form of intervention.

C.  Co-guardians must agree with each other when making decisions on behalf of the ward.

- Co-guardians may act independently when making decisions on behalf of the ward.
- Co-guardians may act independently when making decisions on behalf of the ward only in these limited circumstances: \_\_\_\_\_
- D. Any guardian shall immediately notify the court in writing of any change in the address of the ward or of any guardian.

3. APPOINTMENT OF GUARDIAN OF PERSON

A. FIREARM RESTRICTION

- The ward is prohibited from possessing any firearm. Federal law provides penalties for, and you may be prohibited from possessing, transporting, shipping, receiving, or purchasing a firearm, including, but not limited to, a rifle, shotgun, pistol, revolver, or ammunition, pursuant to 18 U.S.C. 921(a)(3) and (4) and 922(g)(4). This prohibition shall remain in effect until lifted by the court.
- (1) Any firearm owned by the ward shall be seized by \_\_\_\_\_  
Ward's firearms may be found at the following location(s): \_\_\_\_\_  
Any person residing at the/these locations is required to cooperate with law enforcement attempts to seize firearms. Failure to cooperate may result in contempt sanctions.
- (2) As an alternative to seizure, the following person is designated to store any firearm(s) until the firearm restriction order has been canceled: \_\_\_\_\_
- (3) Ward is informed of the requirements and penalties under §841.29, Wis. Stat. including imprisonment for up to 10 years, a fine not to exceed \$25,000 or both.
- (4) The court clerk shall notify the department of justice of the restriction unless the department was previously informed of a prohibition for this ward.

B. The guardian of the person shall file the Annual Report on the Condition of the Ward.

4. APPOINTMENT OF GUARDIAN OF ESTATE

A. BOND

The Guardian of the Estate

- will be issued Letters of Guardianship upon filing  surety bond  signature bond in the amount of \$ \_\_\_\_\_
- is not required to file a bond if the guardian of the estate deposits ward's funds of \$100,000 or less in an insured account of a bank, credit union, savings bank or savings and loan association in the name of the guardian and the ward, and payable only upon further order of the court. Proof of deposit shall be filed with the court within \_\_\_\_\_ days.
- will be issued Letters of Guardianship without filing a bond.
- Other: \_\_\_\_\_

See attached

B. INVENTORY AND ANNUAL ACCOUNT

- (1) The guardian of the estate shall file an inventory of the ward's assets within 60 days  and provide a copy of the inventory to the following persons: \_\_\_\_\_
- (2) The guardian of the estate shall file an annual account by April 15 of each year  or as otherwise required by the court as follows: \_\_\_\_\_

See attached

C. CONTRACTS

The ward may not make contracts, except for necessities at reasonable prices, and all gifts, sales, and transfers of property made by the ward after the filing of a certified copy of the order are void, unless notified by the guardian of the estate in writing.

5. ALTERNATIVE TO GUARDIANSHIP OF ESTATE

As an alternative to appointing a guardian of the estate, the ward's funds of \$50,000 or less shall be transferred according to one of the alternatives for small estates under §54.12(1), Wis. Stats., as follows: \_\_\_\_\_

See attached

6. FEES AND COSTS OF PROCEEDING

- A. Guardian is not appointed. The petitioner shall pay the compensation of the guardian ad litem and the ward's attorney.
- B. Guardian is appointed.

(1) Reasonable compensation of the guardian ad litem and ward's attorney shall be paid from the ward's income or assets, if sufficient. If the ward's income or assets are insufficient, the guardian ad litem shall be paid by the county of venue and the ward's attorney shall be paid at public expense or by the county of venue.

(2) Petitioner's reasonable attorney fees and costs (if any) shall be paid  
 by the petitioner,  
 from the ward's income or assets.

C. Other: The guardian shall cooperate with the annual Watts review and pay for the costs of the review, including but not limited to the guardian ad litem fees, from the ward's estate, should funds be available.

#### 7. GUARDIAN'S COMPENSATION AND REIMBURSEMENT

The guardian's compensation and reimbursement of expenses, if any, must be approved by the court before payment is made.

B. Other: The Court has been notified and the Court record will reflect that the ward does not possess or have access to any firearms. This Order and the Letters of Guardianship are inure pro tunc to February 6, 2020.

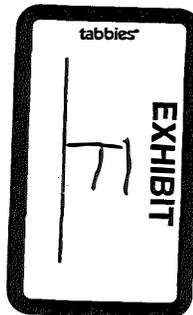
**THIS IS A FINAL ORDER FOR THE PURPOSE OF APPEAL IF SIGNED BY A CIRCUIT COURT JUDGE.**

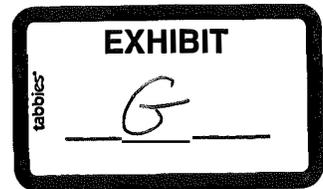
#### DISTRIBUTION:

1. Court
2. Ward/Ward's Legal Counsel, if any/Guardian ad litem
3. Guardian/Ward's Agent under a Power of Attorney
4. Corporation Counsel
5. Social worker/ County Dept. of Human Services
6. Spouse/Adult Children/Parent of Minor
7. Family, if any
8. Other: \_\_\_\_\_

# MY VOTING ACTIVITY

|  |          |
|--|----------|
| <b>Apr 6, 2021 - 2021 Spring Election</b>                                  | <b>+</b> |
| <b>Nov 3, 2020 - 2020 General Election</b>                                 | <b>+</b> |
| <b>Apr 4, 2017 - 2017 Spring Election</b>                                  | <b>+</b> |
| <b>Aug 9, 2016 - 2016 Partisan Primary</b>                                 | <b>+</b> |
| <b>Apr 5, 2016 - 2016 Spring Election and Presidential Preference Vote</b> | <b>+</b> |
| <b>Feb 16, 2016 - 2016 Spring Primary</b>                                  | <b>+</b> |
| <b>Nov 4, 2014 - 2014 GENERAL ELECTION</b>                                 | <b>+</b> |
| <b>Feb 18, 2014 - 2014 SPRING PRIMARY</b>                                  | <b>+</b> |
| <b>Apr 2, 2013 - 2013 SPRING ELECTION</b>                                  | <b>+</b> |
| <b>Nov 6, 2012 - 2012 PRESIDENTIAL AND GENERAL ELECTION</b>                | <b>+</b> |
| <b>Aug 14, 2012 - 2012 PARTISAN PRIMARY</b>                                | <b>+</b> |





# MY VOTER INFORMATION

Klitzke, Sandra L

**Status:** You are Registered to Vote!

[Update Name](#)

[Update Address](#)

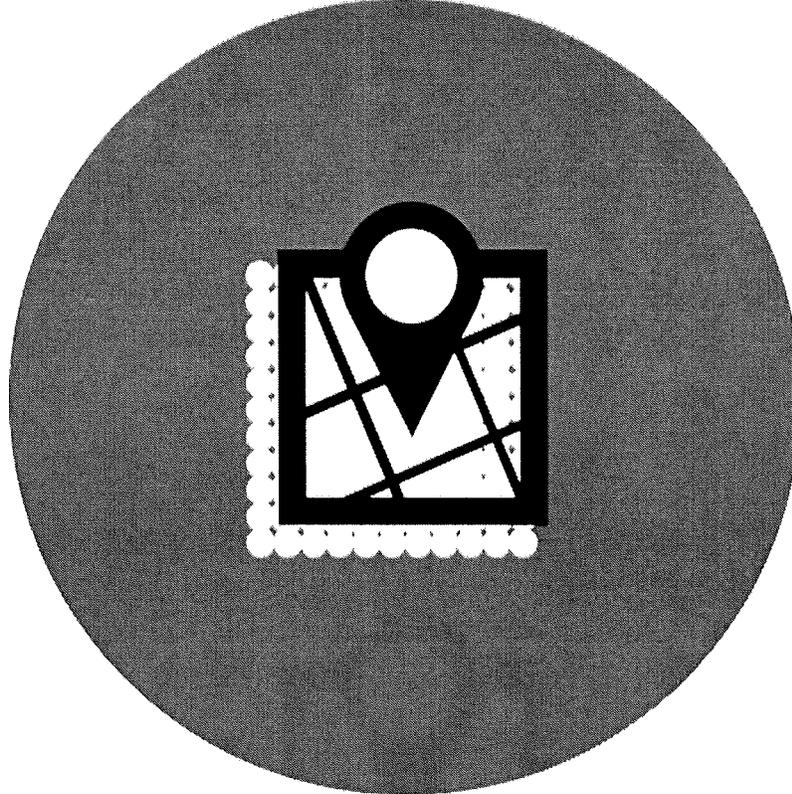
**Current Address:** 3300 W Brewster St , Grand Chute, WI 54914

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## MY NEXT ELECTION

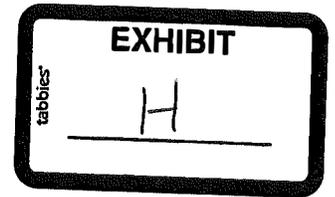
**2022 Spring Election**

Tuesday, April 5, 2022



**Polling Place:** Alliance Church 2693 W Grand Chute Blvd, Grand Chute, WI 54913

Hours: 7.00 AM - 8.00 PM [More Information](#)



**Town Of Grand Chute - Ward 9**

**If you were issued a provisional ballot on Election Day, please check your voting activity below to see more information about your provisional ballot.**

---

## MY ABSENTEE STATUS

**Absentee request submitted Mar 12, 2007**

**Absentee request approved Mar 12, 2007**

**Preparing your absentee ballot Mar 8, 2022**

**Absentee ballot sent Mar 15, 2022**

Completed absentee ballot received.

Can't make it to the polls due to age, hospitalization or disability? [Request an absentee ballot for all elections](#)



STATE OF WISCONSIN  
Before the Wisconsin Election Commission  
Case No. \_\_\_\_\_

---

*Sandra Klitzke, by her Guardian Lisa Goodwin,  
Complainant,*

*v.*

*Meagan Wolfe, Angie Cain, Barb Bocik,  
Respondents.*

---

**Complaint Exhibit J**  
(flashdrive containing video)