

NEW CASE PROBATE INFORMATION SHEET

County of Kane)
County of Kendall) SS.
County of DeKalb)

Case No.: _____

(PLEASE TYPE or PRINT)

1. Case Type: **PROBATE**

2. Sub case type: _____
(See reverse for Code) Numeric Code Description

3. P1: Deceased Disabled Person Minor/Guardian

Name: _____
(Last) (First) (M.I.)

Attorney (State of Illinois Registration Number): _____

Name: _____
(Last) (First) (M.I.)

4. D1: Deceased Disabled Person Minor/Guardian
(check one)

Date of Death (if applicable): _____
(Month) (Day) (Year)

Type of Administration: Supervised Independent (check one)

Date of Birth: _____ **(FOR MINOR ONLY)**
(Month) (Day) (Year)

5. Please give the complete name, address, zip code and time of your nominee(s) for:

Executor Administrator Guardian
Name: _____

Address: _____

City, State, Zip Code: _____

6. Is real estate involved: Yes No

7. List all heirs, first name, middle initial, last name (no address required) below:

PROBATE CODES

Probate (P)

- 0708 WILL CONTEST
- 0709 CONSTRUCTION OF WILL
- 1201 DECEDENT - TESTATE INDEPENDENT ADMIN
- 1202 DECEDENT - TESTATE SUPERVISED ADMIN
- 1203 DECEDENT - INTESTATE INDEPENDENT ADMIN
- 1204 DECEDENT - INTESTATE SUPERVISED ADMIN
- 1205 DECEDENT - TESTATE OR INTESTATE OF MISSING PERSONS
- 1206 DECEDENT - SMALL ESTATE - REAL ESTATE AND PERSONAL
- 1207 DECEDENT - PROOF OF HEIRSHIP ALONE
- 1208 DECEDENT - DOMESTIC / FOREIGN WILL ADMITTED W/O ADMIN
- 1209 DECEDENT - LETTERS OF OFFICE W/O ADMIN
- 1210 DECEDENT - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN
- 1211 DECEDENT - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN AND DOES NOT EXCEED \$5,000
- 1212 GUARDIAN OF DISABLED PERSON
- 1213 GUARDIAN OF ESTATE OF DISABLED PERSON
- 1214 GUARDIAN OF PERSON & ESTATE OF DISABLED PERSON
- 1215 GUARDIAN OF MINOR PERSON
- 1216 GUARDIAN OF ESTATE OF MINOR PERSON
- 1217 GUARDIAN OF PERSON & ESTATE OF MINOR PERSON
- 1218 GUARDIAN - SMALL ESTATE - REAL ESTATE AND PERSONAL
- 1219 GUARDIAN - WHEN LETTERS ISSUED IN ESTATE TO GUARDIAN OF PERSON, BUT NOT ESTATE
- 1220 GUARDIAN - WHEN LETTERS ISSUED IN ESTATE OF WARD W/O ADMIN
- 1221 GUARDIAN - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN
- 1222 GUARDIAN - COLLECTION OF JUDG /SETLMNT OF CLAIM FOR WRONGFUL DEATH WITH NO OTHER ADMIN AND DOES NOT EXCEED \$5,000
- 1223 GUARD/MINOR DCFS
- 1224 CONST OF TEST TRST (DURING PENDENCY)
- 1230 OTHER (SPECIFY)

**THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

**IN THE MATTER OF THE
ESTATE OF:**

Case No. _____

Deceased Minor Disabled Person

BOND
(Surety)

BOND TYPE:

New Additional
 Sale of Mortgage of
Real Estate

KNOW ALL MEN BY THESE PRESENTS, THAT WE, the principal and sureties named within are bound to the People of the State of Illinois in the penal sum stated herein in lawful money of the United States, for the payment of which we and each of us bind ourselves and our heirs, executors and administrators, jointly and severally by these presents.

AMOUNT OF BOND:

\$ _____

NOW THEREFORE, the condition of this obligation is such, that if the said legal representative faithfully discharge the duties of this office according to the law and does all acts which at any time may be required by law or by a Court, then this obligation is void; otherwise it remains in full force.

NAME OF PRINCIPAL:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

WITNESS our hands and seal this

_____ day of _____, 20____.

OFFICE OF PRINCIPAL (Appointee):

Executor Guardian

Administrator (only)

Administrator

To Collect

De Bonis Non

With Will Annexed

_____ for/of _____

Will Estate

Estate and Person

SEAL

Principal

SEAL

Surety

SEAL

Surety

SURETIES:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

If new or additional bond show previous executed bond.

Amount \$ _____

Date _____

If Bond is for Sale or Mortgage of Real Estate, indicate which:

Sale

Mortgage

**FIRST NAME OF EACH PRINCIPAL
AND SURETY MUST BE IN FULL**

Approved: _____, 20____

JUDGE

I, _____, certify that the Principal and Sureties named herein, who are each personally known to me to be the same persons whose names are subscribed to the above and foregoing appeared before me this day in person and acknowledged that they signed, sealed and delivered said instrument as their free and voluntary act for users and purposes as therein set forth.

DATE: _____, 20____

Clerk of the Court – Notary Public

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

**IN THE MATTER OF THE
ESTATE OF**

Deceased/Disabled/Minor

Case No. _____

OATH OF REPRESENTATIVE/OFFICE

DECEDENT/Alleged Disabled Person/Minor

Name

Address

City

State

Zip

TYPE OF REPRESENTATIVE:

Administrator Only

Person

Administrator:

Estate

To collect

Person & Estate

De Bonis Non

With Will Annexed

Executor

I solemnly Swear (or affirm) that I will truly administer the estate of the decedent, so far as I know and that in administering the estate I will do and perform all acts required of me by law to the best of my ability.

Representative

Subscribed, Signed and sworn to before me

_____, 20____.

Circuit Clerk, Notary Public

REPRESENTATIVE/GUARDIAN

Name

Address

City

State

Zip

Telephone

CO- REPRESENTATIVE/GUARDIAN

Name

Address

City

State

Zip

Telephone

I _____ on oath state that I will discharge faithfully the duties of the office of
 Temporary Limited Plenary Guardian of the above named disabled person/minor.

NAME: _____

ATTORNEY FOR: _____

ADDRESS: _____

CITY: _____

TELEPHONE: _____

Subscribed, Signed and sworn to before me

_____, 20____.

Circuit Clerk, Notary Public

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Deceased

CASE NO. _____

DECEDENT'S PLACE OF RESIDENCE:

City:

County

State:

Zip:

DATE AND PLACE OF DEATH,

DATE OF WILL:

Date of Death

City & State

Date of Will

Which Petitioner believes to be the valid last will of the decedent.

**APPROXIMATE VALUE OF REAL AND PERSONAL
ESTATE IN ILLINOIS:**

Personal Estate \$

Real Estate \$

PERSON NOMINATED AS EXECUTOR:

Name:

Address:

City & State:

Zip:

**RELATIONSHIP (if any) OF PETITIONER TO
DECEDENT:**

PETITIONER REQUESTS:

Independent Administration

Supervised Administration

ATTORNEY'S NAME AND ADDRESS:

Name:

Address:

City & State:

Telephone:

Zip:

If Consul or Consular Agent is to be notified, name country:

**PETITION FOR PROBATE OF WILL AND FOR
LETTERS TESTAMENTARY**

The undersigned on oath states the decedent whose name, residence and date of death are named herein, died leaving a will dated as shown herein. The petitioner further states that the person nominated is legally qualified to act as Executor, and that the decedent's heirs, legatees and personal fiduciaries are named herein.

Therefore, the Petitioner asks that the will be admitted to probate and letters testamentary issue.

Petitioner

Address

City, State & Zip

Signed and sworn to before me this _____ day of _____, 20 ____.

Clerk of Court – Notary Public

(continued on reverse side)

Names of Heirs, Legatees Fiduciaries	Relation	Heir = H Legatee = L Personal Fiduciary = PF	Minor = M Disabled Person = P	Address, City, State, Zipcode (if unknown, so indicate)

Names of heirs, legatees and personal fiduciaries	Relationship	Right to nominate Preference "P" Equally "E"	Heir - "H" Legatee "L" Personal Fiduciary "PF"	Minor "M" Disabled Person "DP"	Post Office Address (if "Unknown" so state)

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF:

 Deceased

CASE NO. _____

**PETITION FOR ADMISSION OF WILL AND SUMMARY
ADMINISTRATION**
(not to exceed \$50,000)

DECEDENT'S PLACE OF RESIDENCE :

City: _____
County: _____
State: _____ Zip: _____

DATE AND PLACE OF DEATH AND DATE OF WILL:

Date of Death _____
City & State _____
Date of Will/Codicil _____
Which Petitioner believes to be the valid last Will of the Decedent.

ATTORNEY FOR PETITIONER:

Name: _____
Address: _____
City & State: _____
Telephone: _____ Zip: _____

- No tax will be due to the United States or this State by reason of the death of the decedent.
- All taxes due the United States or this State by reason of the death of the decedent have been paid or provided for.
- All taxes due the United States or this State by reason of the death of the decedent are the responsibility of another fiduciary.
- There is no unpaid claim.
- Attached is a list of all claimants known to petitioners and amount due each.

The undersigned on oath states the decedent, whose name, residence at time of death are set forth herein, died leaving a will dated as shown.

The gross value of the decedent's real and personal estate subject to administration in this State does not exceed \$50,000 and is itemized on Exhibit A attached hereto and made a part of this petition.

All heirs and legatees of the decedent have consented in writing to distribution of the estate on summary administration and their consents are attached to this petition.

Each distribute tenders herewith a bond, with surety, in the value of this or her distributive share.

Petitioner asks that the Will be admitted to probate, that the Court determine the rights of claimants and other persons interested in the estate, direct payment of claims and distribution of the estate on summary administration, excuse the issuance of letters of office or revoke the letters heretofore issued, and discharge the representative.

Petitioner

Address

Signed and sworn to before me this _____ day of _____, 20 ____.

Clerk of Court/Notary Public

- No person is entitled to a surviving spouse's or child's award.
- The following persons are entitled to a surviving spouse's and/or child's award and the minimum awards allowable and amounts heretofore paid are set forth below:

Name	Age	Minimum Award	Heretofore Paid
_____	_____	\$10,000	\$ _____
Surviving Spouse	_____	\$2,000	\$ _____
_____	_____	\$2,000	\$ _____

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE
ESTATE OF

Case No. _____

Deceased

AFFIDAVIT OF HEIRSHIP – SURVIVING SPOUSE OR DESCENDANT

_____ on oath says:

1. The Decedent, _____, died at _____
(place of death)
on _____ at the age of _____ years.
(date of death)

2. I am of legal age. I reside at _____,
(street address) (city and state)
I am a _____ of the Decedent.
(state relationship)

I am not related to Decedent, but I have knowledge of the Decedent's heirship as a result of the following:

3. A. The Decedent was never married.
- B. The decedent was married _____ and (did) (did not) leave a surviving spouse
(once, twice, etc.)
whose name is _____.

The following is the information with respect to each marriage of Decedent:

<u>Name of Spouse</u>	<u>Marriage terminated by death or dissolution (give app. dates)</u>
-----------------------	--

- 1.
- 2.
- 3.

4. A. No child was born to or adopted by Decedent.
- B. The following children and no others were born to or adopted by Decedent.

<u>Name of Child</u>	<u>By Spouse Number</u>	<u>Minor or Disabled</u>	<u>Adopted</u>	<u>Predeceased</u>
----------------------	-------------------------	--------------------------	----------------	--------------------

- 1.
- 2.
- 3.
- 4.
- 5.

5. The following is the information with respect to each of the above children who predeceased the Decedent:

<u>Name of Deceased Child</u>	<u>Name of each Child of deceased Child (grandchild)</u>	<u>Minor or Disabled</u>	<u>Adopted</u>	<u>Predeceased</u>
1. _____	a. _____			
	b. _____			
2. _____	a. _____			
	b. _____			

If additional space is required, attach an addendum.

If additional generation is required, or other data is required, attach an addendum and refer to it here.

All of the above in the absence of an indication to the contrary, are of legal age, are mentally competent and, if children, are natural children.

Affiant

Attorney for Estate:

Subscribed and Sworn to before me this

Street Address:

_____ day of _____, 20 _____

City and State:

Notary Public

Phone:

NOTE: This form is provided as a convenience and guide. It is not intended to cover all possible heirship situations.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE
ESTATE OF

Case No. _____

Deceased

AFFIDAVIT OF HEIRSHIP – NO SURVIVING SPOUSE OR DESCENDANT

_____ on oath says:

1. The Decedent, _____, died at _____
(place of death)
on _____ at the age of _____ years.
(date of death)

2. I am of legal age. I reside at _____,
(street address) (city and state)
I am a _____ of the Decedent.
(state relationship)

I am not related to Decedent, but I have knowledge of the Decedent's heirship as a result of the following:

3. A. The Decedent was never married.
- B. The decedent was married _____ and (did) (did not) leave a surviving spouse
(once, twice, etc.)
whose name is _____.

The following is the information with respect to each marriage of Decedent:

<u>Name of Spouse</u>	<u>Marriage terminated by death or dissolution (give app. dates)</u>
-----------------------	--

- 1.
- 2.
- 3.

4. A. No child was born to or adopted by Decedent.
- B. The following children and no others were born to or adopted by Decedent.

<u>Name of Child</u>	<u>By Spouse Number</u>	<u>Minor or Disabled</u>	<u>Adopted</u>	<u>Predeceased</u>
----------------------	-------------------------	--------------------------	----------------	--------------------

- 1.
- 2.
- 3.
- 4.
- 5.

5. The following is the information with respect to each of the above children who predeceased the Decedent:

<u>Name of Deceased Child</u>	<u>Name of each Child of deceased Child (grandchild)</u>	<u>Minor or Disabled</u>	<u>Adopted</u>	<u>Predeceased</u>
1. _____	a. _____			
	b. _____			
2. _____	a. _____			
	b. _____			

If additional space is required, attach an addendum.

If additional generation is required, or other data is required, attach an addendum and refer to it here.

All of the above in the absence of an indication to the contrary, are of legal age, are mentally competent and, if children, are natural children.

Affiant

Attorney for Estate:

Subscribed and Sworn to before me this

Street Address:

_____ day of _____, 20 _____

City and State:

Notary Public

Phone:

NOTE: This form is provided as a convenience and guide. It is not intended to cover all possible heirship situations.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF:

Case No. _____

Deceased

DECEDENT:

Name:
Address:
City:
State: _____ Zip: _____

INDEPENDENT REPRESENTATIVE:

Name:
Address:
City:
State: _____ Zip: _____

TYPE OF INDEPENDENT REPRESENTATIVE:

Administrator Executor

ATTORNEY:

Name:
Address:
City:
State: _____ Zip: _____
Telephone: _____

CLAIMS:

All claims allowed have been
 paid in full
 paid according to their respective priorities, the estate being insufficient to pay all claims in full.

FEES:

Fees of Independent Representative and attorney
 have have not been approved by all interested persons.

FINAL REPORT OF INDEPENDENT REPRESENTATIVE

The Independent Representative of this estate, on oath states that the administration of this estate has been completed, and in accordance with Section 28-011 of the Probate Act of 1975 (IL Revised Statutes, Chapter 110 ½) further states as follows:

1. Notice of probate has been given in compliance with Section 6-10 or Section 9-5 of the Probate Act.
2. The Notice to Creditors has been published, and that reasonable care was used to determine the creditors of the decedent and all known creditors have been given notice as required under Section 18-3.
3. Each claim filed has been allowed, disallowed, compromised, dismissed or is barred and all claims allowed have been paid.
4. All estate taxes have been determined and paid.
5. That a Notice of Probate and Release of Estate's Interest in Real Estate, if applicable, has been filed as required by statute.
6. The fees of the Independent Representative and/or attorney for the estate have been paid and approved as provided herein.
7. All administration expenses and other liabilities of the estate have been paid, the remaining assets of the estate have been distributed to the persons entitled thereto, copies of the inventory and final account have been mailed to all interested persons and their receipts therefore have been obtained and are attached, and the Independent Representative has fully accounted to all interested persons for all acts of administration and distribution.

WHEREFORE, the Independent Representative prays the Court to enter an Order declaring the estate closed, discharging the Independent Representative and canceling any Bond which may have been filed with the Court in his/her behalf.

Independent Representative

Sworn to before me this ____ day of _____, 20 ____.

Clerk of Court/Notary Public

Name of Interested Persons Entitled to Notice	Notice "Required" or "Waived"	Post Office Address (If "Unknown" so state)

Name of Interested Persons Entitled to Notice	Notice "Required" or "Waived"	Post Office Address (If "Unknown" so state)

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF:

Case No. _____

TYPE OF INVENTORY:

- First or Original Inventory
 Amended Inventory
 Supplemental Inventory

ESTATE IS THAT OF:

- a deceased person
 a disabled person
 a minor

OFFICER COMPLETING INVENTORY:

- Administrator
 Executor
 Guardian
 Other

Note: If officer of corporate fiduciary, state position, such as
"Vice-President of ABC Trust Co."

TOTAL VALUE OF PERSONAL PROPERTY:

\$ _____

Type _____

AMOUNT/TYPE OF BOND, IF ANY:

\$ _____

ATTORNEY FOR ESTATE:

Name _____

Address _____

City _____

State _____

Zip _____

Telephone _____

INVENTORY

The undersigned on oath states that all information contained herein is true and correct and that this is a full, true and perfect inventory of all the real and personal estate of the above named decedent, minor or disabled person so far as the same has come to my knowledge and of any cause of action on which I have a right to sue.

Signed _____

and/or _____

Sworn to before me this _____

Day of _____, 20____

Clerk of Court/Notary Public

ITEM NO.	DESCRIPTION

ITEM NO.	DESCRIPTION

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF:

Case No. _____

Deceased

CERTIFICATE OF MAILING OR PUBLICATION

I, THE UNDERSIGNED, HEREBY CERTIFY THAT I HAVE:

1. Published the following notices once each week for three successive weeks in a newspaper of general circulation published in DeKalb County, Illinois (a copy of each notice indicated is attached to this certification):

Notice to Creditors and Claimants

Notice to Unknown Legatees and Heirs of Appointment of Representative

Other _____

2. Mailed the following notices and documents to the persons listed on the attached Schedule A by depositing the same in the United States mail, postage prepaid (a copy of each notice indicated is attached to this certification):

A. Notice to Interested Parties

B. Notice to Creditors and Claimants

C. Petition to Admit Will/Appoint Representative

D. Order admitting Will/Appoint Representative

E. Notice of Rights in Independent Administration

F. Notice of Disallowance of Claim

G. Notice of Filing Representatives Final Report

H. Other _____

Date _____

(Attorney/Representative)

(Continue on reverse side)

SCHEDULE A

<u>Name</u>	<u>Address</u>	<u>Mailing Dated</u>	<u>Documents Mailed*</u>
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*Use Document and Notice Alpha Codes listed on Certificate

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF:

Case No. _____

QUALIFICATIONS OF THE PRINCIPAL AND THE PERSONAL SURETIES

_____, Principal, being duly sworn, on oath states:

- 1) That ___he is the owner of personal property worth, less liens and encumbrances..... \$ _____ consisting of * _____
- 2) That ___he is the owner of real estate located in this State worth (not including real estate held in joint tenancy with right of survivorship unless all joint tenants join as principal or surety) less liens, encumbrances and exemption.....\$ _____ located as follows: * _____
- 3) That on this date ___he is worth, after deducting all of his/her debts and liabilities of every nature and kind, not exempt by the laws of this State from levy and sale on execution.....\$ _____
- 4) That ___he will not further encumber the aforesaid assets without notifying the Court pursuant to notice to all parties of record.

Subscribed and sworn to before me,

Address _____

this _____ day of _____, 20____

Notary Public

=====

STATE OF ILLINOIS)
) ss.
 COUNTY OF DEKALB)

_____, Surety, being duly sworn, on oath states:

- 1) That ___he is the owner of personal property worth, less liens and encumbrances.....\$ _____ consisting of * _____
- 2) That ___he is the owner of real estate located in this State worth (not including real estate held in joint tenancy with right of survivorship unless all joint tenants join as principal or surety), less liens, encumbrances and exemption.....\$ _____ located as follows: * _____

3) That on this date ___he is worth, after deducting all of his/her debts and liabilities of every nature and kind, not exempt by the laws of this State from levy and sale on execution.....\$_____

4) That ___he will not further encumber the aforesaid assets without notifying the Court pursuant to notice to all parties of record.

Subscribed and sworn to before me this Address_____

_____ day of _____, 20_____

Notary Public

=====
STATE OF ILLINOIS)
) ss.
COUNTY OF DEKALB)

_____, Surety, being duly sworn, on oath states:

1) That ___he is the owner of personal property worth, less liens and encumbrances.....\$_____ consisting of *_____

2) That ___he is the owner of real estate located in this State worth (not including real estate held in joint tenancy with right of survivorship unless all joint tenants join as principal or surety), less liens, encumbrances and exception.....\$_____ located as follows: *_____

3) That on this date ___he is worth, after deducting all of his debts and liabilities of every nature and kind, not exempt by the laws of this State from levy and sale on execution.....\$_____ located as follows: *_____

4) That ___he will not further encumber the aforesaid assets without notifying the Court pursuant to notice to all parties of record.

Subscribed and sworn to before me this Address_____

_____ day of _____, 20_____

Notary Public

*give full description; if not sufficient space, add as an exhibit.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Deceased

Case No. _____

**APPEARANCE TO APPOINTMENT OF
ADMINISTRATOR
(Supervised or Independent Administration)**

**PERSON NOMINATED AS
ADMINISTRATOR:**

Name: _____
Address: _____
City: _____
State: _____ Zip: _____

DATE: _____

ATTORNEY:

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Telephone: _____

The undersigned, being of lawful age and under no legal disability, hereby severally enter our appearance, waive all notice and consent to an immediate hearing in the matter of the Petition filed herein for the appointment of the within named as Administrator of the estate of the decedent named herein, and consent to the appointment of the proposed Administrator named in said petition for Supervised or Independent Administration as prayed in said petition, hereby waiving the right to act as or to nominate the Administrator.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

ACCEPTANCE BY CORPORATE FIDUCIARY

The undersigned hereby accepts appointment as above
Entitled estate, and consents to act as such.

By _____

Its

Address

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

ORDER DECLARING HEIRSHIP

After considering evidence concerning heirship, the Court declared that

_____, deceased, left surviving
The undersigned hereby accepts appointment as above

As his/her only heirs:

ENTERED: _____

JUDGE

**STATE OF ILLINOIS
IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY – IN PROBATE**

In the Matter of the Estate of _____)
)
) No. _____
Deceased)
)

ORDER ADMITTING WILL TO PROBATE AND APPOINTING REPRESENTATIVE

On the verified petition of _____

For admission to the probate of the will of _____

And for issuance of letters of office, the will having been proved as provided by law,

*and the Court having found that the gross value as of the date of death of the decedent's real and personal estate subject to administration in Illinois does not exceed \$150,000.

It is ordered that:

1. The will of _____ dated _____, 20____ be admitted to probate; (and codicil dated _____, 20____).

2. Letter of office as _____ (Executor)(Independent Executor)(Administrator with will annexed)(Independent Administrator with will annexed) issue to _____;

*3. The representative file an inventory within 60 days.

Dated _____, 20____

ENTER:

Name _____

(Judge)

Attorney for Petitioner _____

Address _____

City _____

Telephone _____

*Strike if not applicable.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

CERTIFICATION OF CORPORATE SURETY

The undersigned does hereby certify:

1. That it is a corporation or association licensed to transact surety business in the State of Illinois.
2. That a current certified copy of its authority to transact business in the State of Illinois, as issued by the Director of Insurance, is on file with the Clerk of this Court.
3. That a certified Power of Attorney of Certificates of Authority for all persons authorized to execute bonds on its behalf is attached to the Bond filed in this cause.

Dated _____, 20__

Surety (Surety)

Address:

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

REFUNDING BOND AND RECEIPT

The undersigned hereby acknowledges receipt of the sum of \$_____ (or of assets of that value per attached list), the same being in partial/full distribution of the share of the undersigned in the above estate.

If this distribution is made before the expiration of the period when claims are barred, the undersigned submits herewith a bond in double the amount of the above distribution; or

If this distribution is made in an estate being administered in Summary Administration, the undersigned submits herewith a bond in the amount of the above distribution,

The undersigned, distributee, binds himself, his heirs, successors and assigns to pay to the Representative of the Estate an amount equal to the above distribution or an amount equal to double to the above distribution, as applicable, upon order of this Court.

Now therefore the condition of this obligation is such that if the distributee shall refund to the Representative of the Estate all or any part of said distribution as directed by this Court, together with the expenses of recovery including reasonable attorney's fees and additional expenses of administration then this obligation is void; otherwise it remains in full force.

The distributee enters his Appearance in the above entitled proceeding and submits to the jurisdiction and the orders of this Court herein.

Dated _____

Distributee

Address _____

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Deceased

Case No. _____

VOUCHER CERTIFICATE

We, the undersigned, the Representative and Attorney for the estate, hereby certify that the vouchers which evidence all of the disbursements shown on the final account for the estate are in the possession of

_____.

Dated _____, 20____

Representative

Dated _____, 20____

Attorney

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

TYPE OF ESTATE:

- A deceased person
- A disabled person
- A minor

NAME OF REPRESENTATIVE AND OF OFFICE:

Name:

- Administrator
- Executor
- Guardian
- Other

ATTORNEY FOR REPRESENTATIVE:

Name:

Address:

City:

State:

Zip:

DISTRIBUTE:

Name:

Address:

City:

State:

Zip:

Telephone:

RECEIPT ON DISTRIBUTION

The undersigned hereby acknowledges receipt of:

- Partial Full

distribution of the share of the undersigned estate as follows:

The undersigned hereby appears, waives notice and consents to the approval of the following document(s) of the representative and acknowledges and consents to the allowance of fees to the Representative and attorney as set forth in the indicated document:

Current Account

Final Account

Final Report and Account

Final Report of Independent Representative (the Distributee acknowledging receipt of the Inventory and Final Account)

Distributee

Dated

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

ORDER APPROVING

TYPE OF ESTATE:

- A deceased person
- A disabled person
- A minor

NAME OF REPRESENTATIVE AND OFFICE:

Name:

- Administrator
- Executor
- Guardian
- Other

ATTORNEY:

Name:

Address:

City:

State:

Zip:

DOCUMENTS PRESENTED:

- Final Report and Account
- Report of Distribution
- Final Report of Independent

Representative

ESTATE CLOSED SUBJECT TO:

- Approval of the report of Distribution
- Other:

- FINAL REPORT AND ACCOUNT
- REPORT OF DISTRIBUTION
- FINAL REPORT OF INDEPENDENT REPRESENTATIVE

Now, on this day comes the within named representative of this estate by his attorney and presents to the Court the within named documents as such representative of the estate, and asks to have the same approved, and the estate declared fully settled and closed, and said representative asks to be discharged;

And it appearing that notice has been waived or given according to law and that no objection to the approval of the within named documents is pending;

And it further appearing to the Court that all Court costs have been paid, all claims filed have been allowed, paid or dismissed, that reasonable care was used to determine the creditors of the decedent and all known creditors have been given notice as required under Section 18-3, and that all Illinois and Federal Estate taxes which may be due, have been paid;

And it further appearing to the Court that the Notice of Probate, if applicable, has been filed as required by statute.

And the said documents coming on to be heard, and the Court having examined the same and being fully advised in the premises, finds that the matters and things therein stated are true, and that all things requisite and necessary in and about the proper administration of said estate have been duly and regularly done and performed according to law;

IT IS THEREFORE ORDERED, adjudged and decreed by the Court that said documents named herein are hereby approved; that said representative is discharged and his bond is released and the said estate declared fully settled and closed subject to any provisions stated herein.

ENTER this ____ day of _____, 20 ____

Judge

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

**NOTICE OF RIGHT TO PETITION FOR CONSTRUCTION OF
THE TERMS OF TESTAMENTARY TRUST**

To: _____

As trustee or trustees of the _____ testamentary trust, you as a beneficiary of said trust are hereby given notice that you have a right to petition the Court for a construction of the terms of the trust or to take over supervision of the trust should I or we fail to abide by the terms of the trust or to make a proper or annual accounting to you of the assets of the trust.

Trustee

Received the original of this notice on the _____ day of _____, A.D. 20_____.

Beneficiary

I(We), hereby certify that the original of this notice was served on _____, a beneficiary of said trust (by personal service on the _____ day of _____, A.D. 20_____) or (by mailing registered or certified mail, return receipt requested) by depositing the same in the U.S. Mail on the _____ day of _____ A.D. 20_____ at the hour of _____M.

SUBSCRIBED and sworn to before me
this _____ day of _____,
A.D. 20_____.

Notary Public

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

To: _____

**NOTICE OF HEARING ON ACCOUNT
AND ALLOWANCE OF FEES**

TAKE NOTICE, that on the _____ day of _____, 20 ____ at _____M., the undersigned will present to said Court, at the Courthouse in the City of Sycamore in said County _____ account as _____ of said estate, and ask that the same be approved, and that fees be allowed as therein or by separate petition requested and that if said account is a final account, that said estate be declared settled, and the undersigned discharged from said office, at which time and place you may be present, **IF YOU CHOOSE SO TO DO.**

A copy of said account and any such petition accompany this notice, which account, if a final account, complies with Uniform Probate Rule 18 (3).

If the account is approved by the Court upon the hearing, in the absence of fraud, accident or mistake, the account as approved, and fees as approved or allowed, shall be binding upon all persons to whom this notice is given.

Dated _____, 20 ____

Attorney: _____

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

 Deceased

PETITION TO TERMINATE INDEPENDENT ADMINISTRATION

_____, on oath states:

1. On _____, 20____, an order was entered granting independent administration to _____ as independent _____.

(executor) (administrator)

2. I am an interested person in this estate as _____.

(heir) (non-residuary legatee) (residuary legatee) (creditor)
(representative)

*3. The Will _____ direct independent administration.
(does) (does not)

4. I request that independent administration be terminated.

(Signature of petitioner)

Signed and sworn to before me

_____, 20 ____

(Notary Public)

*Strike if no Will.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

INDEPENDENT ADMINISTRATION PUBLICATION NOTICE TO:

[] Creditors and Claimants

[] Unknown Heirs and Legatees*

1. Notice is given of the death of _____, who died on _____ a resident of _____, Illinois.

2. The Representative for the estate and his/her address is:

3. The attorney for the estate and his/her address is:

4. Claims against the estate may be filed on or before _____.** Claims against the estate may be filed with the Clerk of the Circuit Court, 133 W. State St., Sycamore, IL 60178, or with the Representative, or both. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Representative and to the attorney within 10 days after it has been filed.

5. On _____, 20____, an Order Admitting the Will to Probate and/or Appointing the Representative (strike as applicable) was entered.

6. Within 42 days after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to require proof of the validity of the Will as provided under section 6-21 of the Probate Act (IL Rev. Stat. Ch. 110 1/2, Par. 6-21).

7. Within 6 months after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to contest the validity of the Will as provided under Section 8-1 of the Probate Act (IL Rev. Stat. Ch. 110 1/2, Par. 8-1).

8. The estate will be administered without Court supervision unless an interested party terminates independent supervision administration by filing a petition to terminate under Section 28-4 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 28-4).

*Delete Paragraphs 5, 6 & 7 if Notice to Creditors and Claimants only.

**Date inserted shall be not less than 6 months from the date of first publication.

***Notice by mail must be furnished to all known and reasonably ascertainable creditors and claimants.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

INDEPENDENT ADMINISTRATION
MAILED NOTICE TO INTERESTED PARTIES

To: _____

1. Notice is given of the death of _____, who died on _____ a resident of _____, Illinois.
2. The Representative for the estate is:

3. The Attorney for the estate is:

4. On _____, 20____, an Order Admitting the Will to Probate and/or appointing the Representative (strike as applicable) was entered.
5. Within 42 days after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to require proof of the validity of the Will by Testimony of witnesses to the Will in open Court, or other evidence, as provided in Section 6-21 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 6-21).
6. Within 6 months after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to contest the validity of the Will as provided under Section 8-1 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 8-1).
7. The estate will be administered without Court supervision unless an interested party terminates independent supervision administration by filing a petition to terminate under Section 28-4 of the Probate Act (Ill. Rev. Stat. Ch. 110- 1/2, Par. 28-4).

Dated _____

Representative

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

**INDEPENDENT ADMINISTRATION
MAILED NOTICE TO CREDITORS**

To: _____

1. Notice is given of the death of _____,
who died on _____ a resident of _____, Illinois.

2. The Representative for the estate is:

3. The Attorney for the estate is:

4. Claims against the estate may be filed on or before _____.* Claims against the estate may be filed with the Clerk of the Circuit Court, 133 W. State St., Sycamore, IL 60178, or with the Representative, or both. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Representative and to the attorney within 10 days after it has been filed.

5. The estate will be administered without Court supervision unless an interested party terminates independent supervision administration by filing a petition to terminate under Section 28-4 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2 , Par. 28-4).

Dated _____
Representative

*Date inserted shall be not less than 6 months from the date of first publication or 3 months from the date of this notice, whichever is later.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

**NOTICE OF RIGHTS
OF INTERESTED PERSONS DURING INDEPENDENT
ADMINISTRATION, AND FORM OF PETITION TO TERMINATE
INDEPENDENT ADMINISTRATION**

A copy of an order is enclosed granting independent administration of decedent's estate. This means that the executor or administrator will not have to obtain Court orders or file estate papers in Court during probate. The estate will be administered without Court supervision, unless an interested person asks the Court to become involved.

Under Section 28-4 of the Probate Act (Ill. Rev. Stat., Chap. 110 1/2, Par. 28-4) any interested person may terminate independent administration at any time by mailing or delivering a petition to terminate to the Clerk of the Court. However, if there is a will which directs independent administration, independent administration will be terminated only if the Court finds there is good cause to require supervised administration; and if the petitioner is a creditor or non-residuary legatee, independent administration will be terminated only if the Court finds that termination is necessary to protect the petitioner's interest.

In addition to the right to terminate independent administration, any interested person may petition the Court to hold a hearing and resolve any particular question that may arise during independent administration, even though supervised administration has not been requested (Probate Act Section 28-5, Ill. Rev. Stat., Chap. 110 1/2, Par. 28-5). The independent representative must mail a copy of the estate inventory and final account to each interested person and must send notice to or obtain the approval of each interested person before the estate can be closed (Probate Act Sections 28-6 and 28-11, Ill. Rev. Stat., Chap. 110 1/2, Par. 28-6 and 28-11). Any interested person has the right to question or object to any item include din or omitted from an inventory or account or to insist on a full Court accounting of all receipts and disbursements with prior notice, as required in supervised administration (Probate Act Section 28-11, IL Rev. Stat., Chap. 110 1/2, Par. 28-11).

(SEAL)

Dated _____, 20____

Independent Representative

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

**SUPERVISED ADMINISTRATION
MAILED NOTICE TO CREDITORS**

To: _____

1. Notice is given of the death of _____,
who died on _____ a resident of _____, Illinois.

2. The Representative for the estate is:

3. The Attorney for the estate is:

4. Claims against the estate may be filed on or before _____.* Claims against the estate may be filed with the Clerk of the Circuit Court, 133 W. State St., Sycamore, IL 60178, or with the Representative, or both. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Representative and to the attorney within 10 days after it has been filed.

Dated _____

Representative

*Date inserted shall not be less than 6 months from the date of first publication or 3 months for the date of this Notice, whichever is later.

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

SUPERVISED ADMINISTRATION
MAILED NOTICE TO INTERESTED PARTIES

To: _____

1. Notice is given of the death of _____, who died on _____ a resident of _____, Illinois.

2. The Representative for the estate is:

3. The Attorney for the estate is:

4. On _____, 20____, an Order Admitting the Will to Probate and/or Appointing the Representative (strike as applicable) was entered.

5. Within 42 days after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to require proof of the validity of the Will by testimony of witnesses to the Will in open Court, or other evidence, as provided in Section 6-21 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 6-21).

6. Within 6 months after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to contest the validity of the Will as provided under Section 8-1 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 8-1).

Dated _____

Representative

**IN THE CIRCUIT COURT FOR THE SIXTEENTH JUDICIAL CIRCUIT
DEKALB COUNTY, ILLINOIS**

IN THE MATTER OF THE ESTATE OF

Case No. _____

Deceased

INDEPENDENT ADMINISTRATION PUBLICATION NOTICE TO:

[] Creditors and Claimants

[] Unknown Heirs and Legatees*

1. Notice is given of the death of _____, who died on _____ a resident of _____, Illinois.

2. The Representative for the estate and his/her address is:

3. The attorney for the estate and his/her address is:

4. Claims against the estate may be filed on or before _____.** Claims against the estate may be filed with the Clerk of the Circuit Court, 133 W. State St., Sycamore, IL 60178, or with the Representative, or both. Any claim not filed within that period is barred. Copies of a claim filed with the Clerk must be mailed or delivered to the Representative and to the attorney within 10 days after it has been filed.

5. On _____, 20____, an Order Admitting the Will to Probate and/or Appointing the Representative (strike as applicable) was entered.

6. Within 42 days after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to require proof of the validity of the Will by testimony or witness to the Will in open Court, or other evidence, as provided under section 6-21 of the Probate Act (IL Rev. Stat. Ch. 110 1/2, Par. 6-21).

7. Within 6 months after the effective date of the original Order Admitting the Will to Probate, you may file a petition with the Court to contest the validity of the Will as provided under Section 8-1 of the Probate Act (Ill Rev. Stat. Ch. 110 1/2, Par. 8-1).

8. The estate will be administered without Court supervision unless an interested party terminates independent supervision administration by filing a petition to terminate under Section 28-4 of the Probate Act (Ill. Rev. Stat. Ch. 110 1/2, Par. 28-4).

*Delete Paragraphs 5, 6 & 7 if Notice to Creditors and Claimants only.

**Date inserted shall be not less than 6 months from the date of first publication.

***Notice by mail must be furnished to all known and reasonably ascertainable creditors and claimants.