

**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