

**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

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

**TYPE OF REPRESENTATIVE:**

- Administrator Only                       Person  
 Administrator:                               Estate  
     To collect                                 Person & Estate  
     De Bonis Non  
     With Will Annexed  
 Executor

**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:

Subscribed, Signed and sworn to before me

TELEPHONE:

\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Circuit Clerk, Notary Public