

**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