

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

**IN THE MATTER OF THE ESTATE OF**

\_\_\_\_\_

Deceased

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

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

**PERSON NOMINATED AS  
ADMINISTRATOR:**

Name:

Address:

City:

State:

Zip:

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**DATE:**  
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**ATTORNEY:**

Name:

Address:

City:

State:

Zip:

Telephone:  
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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.

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