

**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