

**STATE OF ILLINOIS**  
**IN THE CIRCUIT COURT OF THE TWENTY-FIRST JUDICIAL CIRCUIT**  
**KANKAKEE COUNTY — IN PROBATE**

**In the Matter of the Estate of**

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

**Deceased**

**PETITION FOR PROBATE OF WILL AND FOR LETTERS TESTAMENTARY**

on oath states:

1. \_\_\_\_\_, whose place of residence at the time of death was \_\_\_\_\_

(Address) (City) (County) (State)  
died \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_  
leaving a will dated \_\_\_\_\_, 20\_\_\_\_\_,  
which petitioner believes to be the valid last will of the testator  
(City and State)  
(and Codicil dated \_\_\_\_\_ 20\_\_\_\_\_)

**2. Approximate value of the estate in this state:**

**Personal \$** \_\_\_\_\_ **Real \$** \_\_\_\_\_ **Annual income from real estate \$** \_\_\_\_\_

**3. The names and post-office addresses of the testator's heirs and legatees are (list heirs first):**

| Name | Relationship | Heir - H<br>Legatee - L | Minor - M<br>Disabled<br>Person - D | Post-office Address<br>(If unknown, so state) |
|------|--------------|-------------------------|-------------------------------------|---|
|      |              |                         |                                     |   |

4. The testator nominated as Executor the following, qualified and willing to act:

| Name | Post-office Address |
|------|---------------------|
|      |                     |

Petitioner asks that the will be admitted to probate and the letters testamentary issue.

\*5. The gross value as of the date of death of the decedent's real and personal estate subject to administration in Illinois does not exceed \$150,000. Petitioner requests independent administration. The name and post-office address of the personal fiduciary designated to act during independent administration for each heir or legatee who is a minor or disabled person are shown on Exhibit A attached hereto and made a part of this petition.

Name \_\_\_\_\_

(Petitioner)

Attorney for Petitioner \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

City \_\_\_\_\_

Signed and sworn to before me

Telephone \_\_\_\_\_

20 \_\_\_\_\_

(Notary Public)

If a consul or consular agent is to be notified, name country: \_\_\_\_\_

\*Strike if not applicable.

STATE OF ILLINOIS  
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In the Matter of the Estate of

} No. \_\_\_\_\_

**OATH OF OFFICE**

I, \_\_\_\_\_, on oath state that I will discharge faithfully the duties  
of the office of \_\_\_\_\_

Signed and sworn to before me

, 20 \_\_\_\_.

(Official Capacity)

Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

STATE OF ILLINOIS  
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No. \_\_\_\_\_

**INVENTORY**

The following is the \_\_\_\_\_  
(original, amended or supplemental)  
inventory of the real and personal property of the \_\_\_\_\_ that  
(Decedent, Minor or Disabled Person)  
has come to the knowledge of the legal representative of this estate and of any cause of action on which there is  
a right to sue:

| Item No. | Description and Quality* |
|----------|--------------------------|
|          |                          |

The approximate value of personal estate at date of death is \$\_\_\_\_\_.

The approximate annual income from real estate is \$\_\_\_\_\_.

The bond of the individual representative is \$\_\_\_\_\_ with\_\_\_\_\_

(Corporate Surety, Individual Surety or Surety Waived)

(Legal Representative)

Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

\*See Ill. Rev. Stat. Chapter 3, Paragraph 172 for characterization as "good,"  
"doubtful" or "desperate."

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## AFFIDAVIT

\_\_\_\_\_  
(Name and Capacity)  
on oath states that the foregoing  
inventory is complete and correct.

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Signed and sworn to before me

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

\_\_\_\_\_  
(Notary Public)

STATE OF ILLINOIS  
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No. \_\_\_\_\_

}

**PROOF OF HEIRSHIP**

And now on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_

being first duly sworn, testifies as follows, to-wit:

1. What is your name? \_\_\_\_\_ Age \_\_\_\_\_
2. Where do you reside? \_\_\_\_\_
3. Did you know \_\_\_\_\_ in his lifetime? \_\_\_\_\_
4. When and where did decedent die? \_\_\_\_\_
5. Are you related to deceased? \_\_\_\_\_ If so how? \_\_\_\_\_
6. Was decedent married? \_\_\_\_\_ How many times? \_\_\_\_\_
7. To whom? \_\_\_\_\_ Is the spouse of \_\_\_\_\_ living? \_\_\_\_\_
8. State the names of the children born to said decedent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Are any said children deceased? \_\_\_\_\_ If so, whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Were any of said children married? \_\_\_\_\_ If so, to whom? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. State the names of the children of said deceased child or children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Were any persons adopted by said decedent, his or her parents, or by any deceased child or children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If deceased died unmarried and childless the following questions must be answered:

1. State names of parents of said deceased \_\_\_\_\_  
\_\_\_\_\_
2. Are both or either of said parents living or dead? \_\_\_\_\_
3. How many children were born to said parents? \_\_\_\_\_
4. State the name of each child: \_\_\_\_\_  
\_\_\_\_\_
5. Is any brother or sister of decedent deceased? \_\_\_\_\_ If so name them: \_\_\_\_\_  
\_\_\_\_\_
6. Did any deceased brother or sister leave a wife, husband or children as heirs at law? \_\_\_\_\_ If so state name of each: \_\_\_\_\_  
\_\_\_\_\_

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**Signature of Affiant**

## FINDINGS

And now the court doth find the evidence adduced that \_\_\_\_\_  
departed this life on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, leaving

As sole and only heirs at law.

IT IS THEREFORE, ON CONSIDERATION, ORDERED, ADJUDGED AND DECREED BY THE  
COURT THAT said proof is true and correct and that the same be entered upon the Probate Records of  
this court.

DATED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

STATE OF ILLINOIS  
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KANKAKEE COUNTY-IN PROBATE

In the Matter of the Estate of \_\_\_\_\_

}, No. \_\_\_\_\_

**BOND OF LEGAL REPRESENTATIVE — NO SURETY**

I, \_\_\_\_\_, bind myself to the People of the

State of Illinois that I will discharge faithfully the duties of the office of \_\_\_\_\_

The obligation of this bond is limited to \$\_\_\_\_\_.

\* \_\_\_\_\_

(Address)

APPROVED:

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

(City)

(Judge)

I certify that the person whose name is signed above, is known to me and appeared before me and acknowledged that he signed it voluntarily.

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

\*\*

(Clerk of the Circuit Court) (Notary Public)

Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

\*First name of legal representative must be written in full.

\*\*Local rule may require acknowledgment before clerk of court instead of a notary public.

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In the Matter of the Estate of

Deceased

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

**ORDER ADMITTING WILL TO PROBATE AND APPOINTING REPRESENTATIVE**

On the verified petition of \_\_\_\_\_,  
for admission to the probate of the will of \_\_\_\_\_  
and for issuance of letters of office, the will having been proved as provided by law,  
\*and the Court having found that the gross value as of the date of death of the decedent's real and personal estate subject  
to administration in Illinois does not exceed \$150,000.

It is ordered that:

1. The will of \_\_\_\_\_ dated \_\_\_\_\_, 20\_\_\_\_\_  
(and codicil dated \_\_\_\_\_, 20\_\_\_\_\_) be admitted to probate;

2. Letters of office as \_\_\_\_\_  
(Executor)(Independent Executor)(Administrator with will annexed)(Independent Administrator with will annexed)

issue to \_\_\_\_\_;

\*3. The representative file an inventory within 60 days.

Dated \_\_\_\_\_, 20\_\_\_\_

ENTER:

\_\_\_\_\_  
(Judge)

Name \_\_\_\_\_

Attorney for Petitioner \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

\*Strike if not applicable.

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Deceased

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

**LETTERS OF OFFICE — DECEDENT'S ESTATE**

has been appointed \_\_\_\_\_  
of the estate of \_\_\_\_\_, deceased; who died  
\_\_\_\_\_, 20 \_\_\_\_, and is authorized to take possession of and collect the estate of the  
decedent, and to do all acts required of him by law.

Witness, \_\_\_\_\_, 20 \_\_\_\_\_,

(Seal of court)

\_\_\_\_\_  
(Clerk of the Circuit Court)

**CERTIFICATE**

I certify that this is a copy of the letters of office now in force in this estate.

Dated \_\_\_\_\_, 20 \_\_\_\_\_,

(Seal of court)

\_\_\_\_\_  
(Clerk of the Circuit Court)

Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_