

**IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

IN THE MATTER OF THE ESTATE OF:

Name: _____
Deceased

File Stamp

**PETITION FOR LETTERS OF ADMINISTRATION
DE BONIS NON WITH WILL ANNEXED**

Petitioner, _____ certifies as follows:

1. _____, whose place of residence at the time of death was
_____, _____,
(Address) (City, County, State)

died on _____ at _____, leaving a will, duly signed and
(City/State)
attested, which has been admitted to probate.

2. On _____, Letters Testamentary were issued herein to _____,
who served as Executor of the estate of the decedent until _____, when he or she

_____ (state reason service ceased), failing to administer the estate in full. The testator did not nominate any other person as executor who is qualified and willing to act. It is, therefore, necessary to appoint an Administrator de Bonis Non with Will Annexed for the estate.

3. The approximate value of the estate in this state remaining to be administered is:

Personal _____ Real _____

4. The names and post office addresses of the decedent's heirs are listed in Exhibit A.

5. The names and post office addresses of persons who are entitled to nominate an Administrator de Bonis Non with Will Annexed in preference or equally with the Petitioner are listed in Exhibit A.

Check, if none

6. Petitioner is a _____ of the decedent and is legally qualified to act, or to nominate a resident of Illinois to act, as Administrator.

7. Petitioner asks that Letters of Administration de Bonis Non with Will Annexed issue to the following, who is qualified and willing to act:

Name: _____

Address: _____

City, State, Zip: _____

Check one of the following

- 8. Petitioner requests Supervised Administration.
- 9. 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 part of this petition.
- 10. There are no minors or disabled persons as heirs.

Person nominated as: **Administrator** **Personal Fiduciary**

Name: _____

Address: _____

City, State, Zip: _____

Under penalties of perjury as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies that he/she verily believes the same to be true.

Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____

Attorney Signature/Certification
pursuant to Supreme Court Rule 137: _____

Attorney/Pro Se: _____

Atty. Registration No.: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Attorney E-mail: _____

