

**IN THE CIRCUIT FOR THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS**

Case No. _____

IN THE MATTER OF THE ESTATE OF (DECEDENT):

Name _____

Address _____

City, State, Zip _____

Date of Death _____

File Stamp

CLAIM ON ESTATE

Claimant: _____

Address: _____

City, State, Zip: _____ Description of Claim: _____

The claimant makes a claim against the Estate of _____ for the amount shown.

CERTIFICATE

I certify that on _____ a copy of this claim was delivered in person mailed first class
 mailed by certified or registered mail to: _____

Attorney/Agent for Claimant/Claimant

CONSENT

The Administrator Executor Attorney for Estate gives his consent to the Allowance of the claim for the amount of \$ _____, cost of filing to be charged to the estate.

Administrator/Executor/Attorney

ORDER

- Allowed for \$ _____ Class _____.
- Found paid and satisfied and dismissed for the amount of \$ _____.
- Disallowed.

Entered: _____
Date

Judge

Attorney/Pro Se: _____
Atty. Registration No.: _____
Address: _____
City, State, Zip: _____
Telephone No.: _____
Attorney E-mail: _____

Under penalties as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this petition 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.