

**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 PROBATE OF WILL AND LETTERS TESTAMENTARY**

Petitioner, \_\_\_\_\_ certifies as follows:

1. \_\_\_\_\_, whose place of residence at the time of death was  
\_\_\_\_\_,  
(Address) \_\_\_\_\_, \_\_\_\_\_,  
(City, County, State)  
died on \_\_\_\_\_ at \_\_\_\_\_,  
(City/State)  
(and a codicil dated \_\_\_\_\_) which petitioner believes to be the valid last will (and codicil) of the testator.
2. The approximate value of the estate in Illinois is: Personal \_\_\_\_\_ Real \_\_\_\_\_
3. The names and post office addresses of the testator's heirs and legatees are listed on Exhibit A.
4. The testator nominated as Executor the following, qualified and willing to act:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

5. Petitioner asks that the will (and codicil) be admitted to probate and that the Letters Testamentary issue.

**Check the following, if applicable:**

6.  Petitioner requests Supervised Administration.
7.  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.
8.  There are no minors or disabled persons as heirs or legatees.

**(PETITION FOR PROBATE OF WILL AND LETTERS  
TESTAMENTARY continued)**

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

**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.**

Petitioner Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Attorney Signature/Certification  
pursuant to Supreme Court Rule 137: \_\_\_\_\_

Attorney/Pro Se: \_\_\_\_\_

Atty. Registration No.: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Attorney E-mail: \_\_\_\_\_

