

**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  
INTESTATE ESTATE**

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

1. \_\_\_\_\_, whose place of residence at the time of death was  
\_\_\_\_\_  
(Address, City, County, State),  
died on \_\_\_\_\_ at \_\_\_\_\_, leaving no will.  
(City/State)

2. The approximate value of the estate in Illinois is: Personal \_\_\_\_\_ Real \_\_\_\_\_

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

4. The names and post office addresses of persons who are entitled to nominate an Administrator in preference to or equally with the Petitioner are listed in Exhibit A.

5. Petitioner is a \_\_\_\_\_ of the decedent and is legally qualified to act, or to nominate a resident of Illinois to act, as Administrator. Petitioner asks that Letters of Administration issue to the following, who is qualified and willing to act:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**Check one of the following**

- 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.

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: \_\_\_\_\_

