

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

Case No. _____

IN THE MATTER OF THE ESTATE OF DECEDENT/MINOR:

Name: _____

Address: _____

City, State, Zip: _____

Date of Death (Decedent): _____

Date of Birth (Minor): _____

File Stamp

RECEIPT ON DISTRIBUTION

The undersigned hereby acknowledges receipt of : Specific Bequest Partial Full Residual Bequest
as distribution of their share of the above estate as follows:

(attach list if necessary)

The undersigned hereby appears, waives notice and consents to the approval of the following document(s)
of the representative and acknowledges and consents to the allowance of fees in the amount of _____
to the representative and in the amount of _____ to the attorney.

- Current Account
- Final Account
- Final Report and Account
- Final Report of Independent Representative (the Distributee acknowledges receipt of the Inventory and Final Account)

Date: _____ Name of Distributee (please print): _____

Signature of Distributee/Guardian: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Name of Representative: _____

Administrator Executor Guardian Other _____

Attorney/Pro Se: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Attorney Registration No.: _____

Attorney E-mail: _____