

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

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

IN THE MATTER OF THE ESTATE OF (Decedent/Minor/Disabled):

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

Date of Death (Decedent): \_\_\_\_\_

Date of Birth (Minor/Disabled): \_\_\_\_\_

File Stamp

**MOTION AND ORDER APPROVING**

- Final Report and Account**    **Report of Distribution**    **Final Report of Independent Representative**  
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NOW COMES the undersigned representative and presents to the Court the above identified documents to be approved, and moves the estate be declared fully settled and closed, and that he/she be discharged as representative.

It appearing that notice has been waived or given according to law and that no objection to the approval of the within named documents is pending.

It further appearing to the Court that all Court costs have been paid, all claims filed have been disposed of, that reasonable care was used to determine creditors of the decedent and all known creditors have been given notice as required under 755 ILCS 5/18-3, and all estate taxes have been determined and paid and/or provided for;

It further appearing to the Court that Notice of Probate has been filed as required by statute:

The Court having examined said documents and being fully advised in the premises, finds that the matters and things stated are true, and that all things requisite and necessary in and about the proper administration of the estate have been duly and regularly done and performed according to law:

IT IS THEREFORE ORDERED that the above identified document(s) are approved, that the representative is discharged, and his/her bond is released, and

- the estate is declared fully settled and closed  
 the estate is declared fully settled and closed subject to:  
      approval of the report of distribution  
      other: \_\_\_\_\_

Date: \_\_\_\_\_

Representative: \_\_\_\_\_

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

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

Signed pursuant to Supreme Court Rule 137: \_\_\_\_\_ (Attorney or Party)

Prepared By:

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

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

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

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

Attorney Registration No.: \_\_\_\_\_

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

Date Entered: \_\_\_\_\_

\_\_\_\_\_ Judge