

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT-PROBATE DIVISION

Estate of _____

No. _____

Deceased

PETITION FOR PROBATE OF WILL AND FOR LETTERS
OF ADMINISTRATION WITH WILL ANNEXED

_____ states under penalties of perjury:

1. _____, whose place of residence at the time of death was

_____ (Address) _____ (City) _____ (County) _____ (State) _____ (Zip)
died _____ (date), _____ at _____ (City) _____ (State) leaving a will
dated _____, _____

(and codicil dated _____, _____)

which petitioner believes to be the valid last will of the testator.

2. The approximate value of the estate in this state is:

Personal \$ _____ Real \$ _____ Annual Income From Real Estate \$ _____

3. The names and post office addresses of the testator's heirs and legatees are set forth on Exhibit A and made a part of this petition. (List heirs first, indicate the relationship of each heir and legatee and, if an heir or legatee is a minor or disabled person, so state.)

4. The testator nominated as executor _____ who
_____ (reason for not acting)

5. The names and post office addresses of the persons who are entitled to nominate an administrator in preference to (P) or equally with (E) petitioner are set forth on Exhibit A made a part of this petition. (If none, so state).

6. Petitioner is a _____ of testator, is legally qualified to act or to nominate a resident of Illinois to act as administrator and nominates _____ whose address is _____

*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, made a part of this petition.

Petitioner asks that the will be admitted to probate and that letters of administration with will annexed issue.

Atty. No. _____

Name: _____

Petitioner

Firm Name: _____

Address

Attorney for Petitioner: _____

Address: _____

City State Zip

City/State/Zip: _____

Telephone: _____

Attorney Certification

If a consul or consular agent is to be notified, name country: _____

*If supervised administration is requested, so state and strike paragraph 7.