

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

Estate of

No. _____

Deceased

FINAL REPORT OF INDEPENDENT REPRESENTATIVE

_____, independent representative of this estate, states under the penalties of perjury that the administration of this estate has been completed and in accordance with 755 ILCS 5/28-11 further states as follows:

- 1. Notice of probate has been given in compliance with 755 ILCS 5/6-10 or 5/9-5.
2. The notice to creditors required by 755 ILCS 5/18-3 has been published, reasonable care was used to determine the creditors of the decedent and all known creditors have been given notice as required under 755 ILCS 5/18-3.
3. Copies of the inventory and accounting have been mailed or delivered to the extent required by 755 ILCS 5/28-6 and 5/28-11.
4. Each claim filed has been allowed, disallowed, compromised, dismissed or is barred; and
*(a) all claims allowed have been paid in full.
*(b) the estate was not sufficient to pay all of the claims in full, and all claims allowed have been paid according to their respective priorities.
5. *(a) A spouse's award (has been paid) (has been waived) (is barred) (is not applicable).
*(b) A child's award (has been paid) (is not applicable).
6. *(a) All death taxes have been determined and paid or otherwise provided for.
*(b) The estate is not subject to death taxes.
7. All administration expenses and other liabilities of the estate have been paid and the administration
*(a) has been completed;
*(b) has not been completed, but has been provided for (see attached).
8. Notice of probate and release of the estate's interest in real estate has been recorded to the extent required by 755 ILCS 5/20-24 and 5/28-10(a).
9. The remaining assets of the estate have been distributed to the persons entitled thereto.
10. *The fees paid or payable to the independent representative and attorney (have been) (have not been) approved by all interested persons.
11. Receipts have been obtained from all heirs or legatees and written approvals have been obtained from unpaid creditors and are filed with this report, except as attached.

Atty. No.: _____

Atty. Name: _____

Firm Name: _____

Atty. for Representative: _____

Address: _____

City/Zip: _____

Telephone: _____

Independent Representative

Date

Attorney Certification

*FINAL REPORT MUST BE COMPLETED BEFORE FILING; STRIKE ANY PORTION(S) NOT APPLICABLE.