

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

Estate of \_\_\_\_\_

Deceased

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

**APPROVAL BY BENEFICIARY OF TRUST  
ON CLOSING OF DECEDENT'S ESTATE\***

I, \_\_\_\_\_, acknowledge that I have received copies of the representative's inventory and accounting and (if independent administration) a copy of the representative's final report.

I approve the accounting, and I consent to the fees of the representative in the amount of \$ \_\_\_\_\_ and the fees of the attorney for the probate estate in the amount of \$ \_\_\_\_\_ as set forth in the accounting.

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

Trust Beneficiary

Address:

City/State/Zip:

Primary Email:

\*To be signed by a beneficiary of a trust to which a part or all of the residuary estate is distributable but to whom no share of the residuary estate is directly distributable.

Atty. No.: \_\_\_\_\_

Atty. Name: \_\_\_\_\_

Atty. for Representative: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

Tertiary Email: \_\_\_\_\_