

STATE OF ILLINOIS **UNITED STATES OF AMERICA** **COUNTY OF DU PAGE**
IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT

IN RE THE ESTATE OF

CASE NUMBER

DECEASED

File Stamp Here

**APPEARANCE FOR
LETTERS OF ADMINISTRATION**

We, the heirs of the deceased of legal age and under no legal disability, appear, waive notice and consent to the immediate appointment of _____ as administrator* _____ and to the issuance of letters of office.

***If appropriate, insert "with the Will annexed", "De bonis Non", or "De bon Non with the Will Annexed"**

signature

signature

print full name

print full name

signature

signature

print full name

print full name

signature

signature

print full name

print full name

DATE

Name: _____ PRO SE

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____