

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

Case No. _____

IN THE MATTER OF THE ESTATE OF:

Name: _____
Deceased

File Stamp

**PETITION FOR LETTERS OF ADMINISTRATION
SELECT ONE**

Petitioner, _____ certifies as follows:

1. _____, whose place of residence at the time of death was _____,
(Address, City, County, State)
died on _____ at _____,
(City/State) leaving no will.
2. The approximate value of the estate in Illinois is: Personal _____ Real _____
3. The names and post office addresses of the decedent's heirs are listed in Exhibit A.
4. The names and post office addresses of persons who are entitled to nominate an Administrator in preference to or equally with the Petitioner are listed in Exhibit A.
5. Petitioner is a _____ of the decedent and is legally qualified to act, or to nominate a resident of Illinois to act, as Administrator.
6. Petitioner asks that Letters of Administration issue to the following, who is qualified and willing to act:
Name: _____
Address: _____
City, State, Zip: _____, _____, _____

Check one of the following

7. Petitioner requests Supervised Administration.
8. Petitioner does not request Supervised Administration and seeks an order granting Independent Administration, pursuant to 755 ILCS 5/28-1, et seq.
 - a. If any heir or legatee is a minor or disabled person, the name and post office address of the personal fiduciary designated to act during independent administration for each such heir or legatee is shown on Exhibit A attached hereto and made part of this petition.
 - b. There are no minors or disabled persons as heirs or legatees.

Person nominated as: **Administrator** **Personal Fiduciary**

Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Under penalties of perjury as provided by law pursuant to 735 ILCS 5/1-109, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters stated to be on information and belief and as to such matters the undersigned certifies that he/she verily believes the same to be true.

Signature: _____

Printed Name: _____

Address: _____

City, State, Zip: _____, _____, _____

Telephone No.: _____

Attorney Signature/Certification
pursuant to Supreme Court Rule 137: _____

Attorney/Pro Se: _____

Atty. Registration No.: _____

Address: _____

City, State, Zip: _____, _____, _____

Telephone No.: _____

Attorney E-mail: _____

EXHIBIT A

Names of Heirs, Legatees and Personal Fiduciaries	Relationship	Right to Nominate Preference "P" Equally "E"	Heir "H" Legatee "L" Personal Fiduciary "PF"	Minor "M" Disabled Person "DP"	Post Office Address (If "Unknown" so state)