

SECTION A - Petition for Probate of Will and Letters Testamentary

7. The Decedent, in the Will, nominated as executor the following to act (if a nominated executor has declined to act, a *Declination of Office* form must be filed with this Petition):

<u>Name</u>	<u>Address</u>	<input type="checkbox"/> Qualified and willing to act
_____	_____	<input type="checkbox"/> Unable to act due to _____
		<input type="checkbox"/> Declined to act

<u>Name</u>	<u>Address</u>	<input type="checkbox"/> Qualified and willing to act
_____	_____	<input type="checkbox"/> Unable to act due to _____
		<input type="checkbox"/> Declined to act

8. Petitioner requests independent administration. 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 are shown on Exhibit A and made a part of this petition.

Petitioner does not request independent administration.

9. Petitioner asks that the Will be admitted to probate and that *Letters Testamentary* be issued to _____ as _____ (executor) (independent executor).

10. Proceed to Signatory Section and complete.

SECTION B - Petition for Probate of Will and for Letters of Administration with Will Annexed*

7. The names and post-office addresses of persons who are entitled to nominate an administrator in preference to or equally with Petitioner, if any, are set forth on Exhibit A and made a part of this petition. If the person is listed pursuant to paragraph 6 above, the appropriate box next to his/her name is checked.

8. The Decedent nominated as executor _____, who is unable or unwilling to act because _____ (state reason for not acting).

9. The Decedent nominated as successor executor _____, who is unable or unwilling to act because _____ (state reason for not acting).

10. Petitioner is a _____ of Decedent and is legally qualified to act as Administrator or to (state relationship) nominate a Resident of Illinois to act, as Administrator. Petitioner asks that *Letters of Administration With Will Annexed* be issued to the following, qualified and willing to act:

<u>Name</u>	<u>Address</u>
_____	_____

11. Petitioner requests independent administration. 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 are shown on Exhibit A and made a part of this petition.

Petitioner does not request independent administration.

12. Petitioner asks that the Will be admitted to probate and that *Letters of Administration With Will Annexed* be issued to _____ as _____ (administrator) (independent administrator).

13. Proceed to Signatory Section and complete.

SECTION C – Petition for Letters of Administration*

- 7. The names and post-office addresses of persons who are entitled to nominate an administrator in preference to or equally with Petitioner, if any, are set forth on Exhibit A and made a part of this petition. If the person is listed pursuant to paragraph 6 above, the appropriate box next to his/her name is checked.
- 8. Petitioner is a _____ of Decedent and is legally qualified to act, or to nominate a resident of Illinois to act, as Administrator.
(state relationship)
- 9. Petitioner requests independent administration. 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 are shown on Exhibit A and made a part of this petition.
 Petitioner does not request independent administration.
- 10. Petitioner asks that Letters of Administration Independent Administration issue to the following, qualified and willing to act:

<u>Name</u>	<u>Address</u>
_____	_____

11. Complete Signatory Section below.

SIGNATORY SECTION

Signature of Petitioner: _____

Printed Name of Petitioner: _____

Address: _____

City and Zip: _____

If Petitioner has an attorney, attorney shall sign certification.

Attorney Certification: _____

Printed Name of Attorney: _____

ARDC Number: _____

Petition Prepared by:

Name: _____

Firm, if applicable: _____

Address: _____

City and Zip: _____

Telephone: _____

*** If Section B (*Petition for Probate of Will and for Letters of Administration with Will Annexed*) or Section C (*Petition for Letters of Administration*) is completed in this petition, not less than 30 days prior to the hearing on this *Petition for Probate and For Letters*, petitioner shall mail a copy of this petition, endorsed with the time and place of the hearing, to each person named in the petition (including persons named on Exhibit A) whose post office address is stated and who is entitled either to administer or to nominate a person to administer equally with or in preference to the Petitioner. This 30 day notice requirement, however, will not be necessary for any person not designated as a minor or as a disabled person and who personally appears before the court at the hearing or who files a waiver of notice on or before the date of hearing. See 755 ILCS 5/9-5.**

PETITION FOR PROBATE AND FOR LETTERS

EXHIBIT A

Estate of _____)
_____) Case No. _____
Deceased.)

_____ Please check all applicable:
Name: _____ Heir
Address: _____ Legatee
City and Zip: _____ Disabled
Relationship _____ Minor
 Preference *
 Equal *
If Minor or Disabled, provide fiduciary name and address:
Fiduciary Name/Address: _____

_____ Please check all applicable:
Name: _____ Heir
Address: _____ Legatee
City and Zip: _____ Disabled
Relationship _____ Minor
 Preference *
 Equal *
If Minor or Disabled, provide fiduciary name and address:
Fiduciary Name/Address: _____

_____ Please check all applicable:
Name: _____ Heir
Address: _____ Legatee
City and Zip: _____ Disabled
Relationship _____ Minor
 Preference *
 Equal *
If Minor or Disabled, provide fiduciary name and address:
Fiduciary Name/Address: _____

_____ Please check all applicable:
Name: _____ Heir
Address: _____ Legatee
City and Zip: _____ Disabled
Relationship _____ Minor
 Preference *
 Equal *
If Minor or Disabled, provide fiduciary name and address:
Fiduciary Name/Address: _____

_____ Please check all applicable:
Name: _____ Heir
Address: _____ Legatee
City and Zip: _____ Disabled
Relationship _____ Minor
 Preference *
 Equal *
If Minor or Disabled, provide fiduciary name and address:
Fiduciary Name/Address: _____

*Check only if: 1) filled out SECTION B or C of *Petition for Probate and Letters*; and 2) if applicable to listed person.

USE ADDITIONAL SHEETS IF NECESSARY