## IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT LAKE COUNTY, ILLINOIS

ESTATE OF )						
				)		
				) )	ase No.	
□ Mino	or □ Adult with Disability □ Decede	nt			430 110.	
	PETITION FOR PROBATE A	ND LE	TTERS	OF ADMINIS	TRATION TO COLLI	ECT
D-4:4:-			-4-4		_	
Petitio	oner,		, stat	les as follows	:	
1.	The Decedent,	, \	whose pla	ace of residen	ice at the time of his/h	ner death was:
	Address			City	County	State
	died on,	20	_ in		<u>_</u>	·
2.	To the best of Petitioners knowled the State of Illinois is as follows:  Personal: □ Presently Ur  Real: □ Presently Ur	edge ar nknown	nd belief, n or □ \$_	the approxim	ate value of this esta	te located in
3.	Annual Income from Real To the best of Petitioners' knowled been filed with regard to this est instance will expose the estate Collect is appointed because	edge ar ate, to to wa	nd belief, date. The ste, loss	no Petition fo e failure to in or embezzle	r Probate and Letters itiate a probate proc ement unless an Ad	of Office has eeding in this ministrator to
	unsecured. The Decedent died □ testate □ i Petitioner is an Interested Perso				755 ILCS 5/1-2.11,	as a result of
	The heirs of the Decedent are persons the Petitioner reasonable Petitioner asks that Letters of Adis qualified and willing to act:  Name:	y believ	ves to be	heirs of the D	ecedent. See Exhibit	"A" attached.
	Address:					
	City:					
	State/Zip Code:					
	Gtat6/2.ip Godo					
under	penalties as provided by law purs signed certifies that the statement , 20		Section			Procedure, the
				_		Petitioner
Prepar	red by:					i cuuonei
Name:				SRL 🗆		
Addres	SS:	01-1				
City: _	:Zip Code	>. ≥:ate: _				
ARDC	#:Zip Code	J				
E-mail	address:					

## PETITION FOR PROBATE AND LETTERS OF ADMINISTRATION TO COLLECT EXHIBIT A

# Name:	
Address:	
Relationship:	
If Minor or Dis Fiduciary Name Address:	abled, please provide fiduciary name and address: e:
# Name: Address:	
City/Zip Code : Relationship:	
If Minor or Dis Fiduciary Name Address:	abled, please provide fiduciary name and address: e:
#	
# Name:	
Address:	
Relationship:	
If Minor or Dis Fiduciary Name Address:	abled, please provide fiduciary name and address:
# Name:	
Address:	
City/Zip Code:	
Relationship:	
If Minor or Dis Fiduciary Name Address:	abled, please provide fiduciary name and address: e: