

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

ESTATE OF

Case No. _____

Deceased

FINAL REPORT OF INDEPENDENT REPRESENTATIVE

The undersigned, _____, independent representative of this Estate, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, states that the administration of the estate has been completed in accordance with Sec. 28-11 of the Probate Act and further states as follows:

1. Notice of probate has been given in compliance with Section 6-10 or Subsection 28-2 of the Probate Act.
2. The notice to creditors required by Section 18-3 has been published, and the first publication occurred more than 6 months before the date of this report.
3. Each claim filed has been allowed, disallowed, compromised, dismissed or is barred.
4. All estate and inheritance taxes have been determined and paid.
5. All claims have been paid in full.
 The estate was not sufficient to pay all of the claims in full, and all claims allowed have been paid according to their respective priorities.
6. All administrative expenses and other liabilities of the estate have been paid. The remaining assets of the estate have been distributed to the persons entitled thereto, copies of the inventory and final account have been mailed to all interested persons and their receipts therefore have been obtained and are attached, and the independent representative has fully accounted to all interested persons for all acts of administration and distribution.
7. The fees paid or payable to the independent representative and his attorney:
 have been approved by all interested persons.
 have not been approved by all interested persons.
8. Approvals of this report, or receipts, have been obtained from all interested persons and are filed with this report except for those listed on the attachment to this report.

Personal Representative

Address

Date: _____, 20____

Prepared by:

Name: _____

Attorney's Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip Code: _____

Fax: _____

ARDC #: _____