

ESTATE OF

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Deceased.

Case No. \_\_\_\_\_

Date Will filed: \_\_\_\_\_

Hearing on petition is set for \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  a.m.  p.m.  
Main Courthouse, Courtroom 201, 18 N. County Street, Waukegan, IL 60085

**PETITION FOR PROBATE AND FOR LETTERS**

\_\_\_\_\_, the Petitioner, under penalties of perjury as provided under Section 1-109 of the Code of Civil Procedure, states:

1. \_\_\_\_\_ the Decedent, whose place of residence at the time of death was

\_\_\_\_\_ (address) \_\_\_\_\_ (city) \_\_\_\_\_ (country) \_\_\_\_\_ (state)  
died \_\_\_\_\_, 20\_\_\_\_, in \_\_\_\_\_ County, \_\_\_\_\_ (state).

2. The approximate value of the estate in Illinois is:

Personal Estate \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_ Annual Income From Real Estate \$ \_\_\_\_\_

- 3.  The Decedent did maintain a safe deposit box in Illinois.
  - Box No. \_\_\_\_\_ Location \_\_\_\_\_ Notice to said institution has been provided.
  - The Decedent did not maintain a safe deposit box in Illinois.
  - Petitioner does not know whether Decedent maintained a safe deposit box in Illinois.
- 4.  The Decedent did leave a Will dated \_\_\_\_\_, \_\_\_\_\_ (and Codicil dated \_\_\_\_\_, \_\_\_\_\_) which Petitioner believes to be the valid last Will of the Decedent.
  - The Decedent's Will has not previously been admitted to probate.
  - The Decedent's Will was previously admitted to probate on: \_\_\_\_\_.
  - Previous Letters of Office were issued to: \_\_\_\_\_.
  - Reason for new Letters of Office: \_\_\_\_\_.
  - The Decedent did not leave a Will.

5. **SELECT ONLY ONE OF THE FOLLOWING OPTIONS:**

- Petitioner seeks admission of Will to Probate and seeks Letters Testamentary. Complete "SECTION A" and then Signatory Section.
- Petitioner seeks admission of Will to Probate and seeks Letters of Administration With Will Annexed. Complete "SECTION B" and then Signatory Section.
- There is no Will to admit to Probate and Petitioner seeks Letters of Administration. Complete "SECTION C" and then Signatory Section.

6. The names and post-office addresses of Decedent's heirs (all petitions) and legatees (only if decedent had a will) are set forth on Exhibit A and made a part of this petition. List the heirs first. Indicate the relationship of each heir and legatee and, if the heir or legatee is a minor or disabled person, so state.

**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 adults with disabilities 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.

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**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.

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**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: \_\_\_\_\_ Pro Se

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

ARDC #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

\* 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. )

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# \_\_\_\_\_ 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: \_\_\_\_\_

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# \_\_\_\_\_ 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: \_\_\_\_\_

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# \_\_\_\_\_ 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: \_\_\_\_\_

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# \_\_\_\_\_ 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: \_\_\_\_\_

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# \_\_\_\_\_ 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