

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

ESTATE OF _____)
)
)
)
)
)
)
)
)
)
)

Minor Adult with Disability Decedent

Case No. _____

PROOF OF NOTICE TO BENEFICIARIES OF TESTAMENTARY TRUST

Pursuant to the provisions of local rule 5-3.17 of the Rules of Practice of the Circuit Court of the 19th Judicial Circuit, I, _____, as a beneficiary of the _____ Trust, a trust created under the Last Will and Testament of the above captioned decedent, acknowledge:

1. I have been given notice of my right to petition the court for the purpose of construing the trust, or to take over supervision of the trust should the trustees fail to abide by the terms of the trust, or to make annual accountings thereof to the trust beneficiaries.
2. I am not under any legal disability which would require this notice be given to any person other than me; or
 I am the parent the personal fiduciary guardian ad litem guardian of _____, the beneficiary, who is either a minor or has been adjudicated to be a person under legal disability.
3. I consent to the closing of the above-captioned estate.

Beneficiary

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

CERTIFICATION

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct.

Date: _____, 20____

Beneficiary

Prepared by:
Name: _____ SRL
Address: _____
City: _____ State: _____
Phone: _____ Zip Code: _____
ARDC #: _____
E-mail address: _____