

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS COUNTY DEPARTMENT - PROBATE DIVISION

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

Estate of \_\_\_\_\_  
Deceased

**PETITION FOR LETTERS OF ADMINISTRATION**

In accordance with §9-4 of the Probate Act of 1975 [755 ILCS 5/9-4], \_\_\_\_\_

\_\_\_\_\_ states under the penalties of perjury:  
[printed name of the Petitioner]

1. \_\_\_\_\_, whose place of residence at the time of death was  
[printed name of the decedent]

\_\_\_\_\_ [address] [city] [county] [state]

died on \_\_\_\_\_, at \_\_\_\_\_  
[date] [city] [state]

\_\_\_\_\_ [if the decedent was not a resident of Illinois, add: "owning real or personal estate in this county and state"]

2. The approximate value of the estate in this state is:

Personal \$ \_\_\_\_\_ Real \$ \_\_\_\_\_ Annual income from Real Estate \$ \_\_\_\_\_

3. The names and post office addresses of the decedent's heirs (and in the case of a minor or a person with a disability, of a personal fiduciary designated to act for him or her pursuant to §28-3 of the Probate Act [755 ILCS 5/28-3]) are set forth on Exhibit A attached to this PETITION; [Indicate the relationship of each heir and, if the heir is a minor (M) or a person with a disability (D), so state.]

4. The names and post office addresses of the persons who are entitled to nominate an administrator in preference to (P) or equally with (E) the Petitioner are also set forth on **Exhibit A**; [If none, so state: \_\_\_\_\_.]

5. The Petitioner is a \_\_\_\_\_ of the decedent and is legally qualified to act, or to nominate a resident of the United States to act, as administrator;

6. The Petitioner nominates \_\_\_\_\_  
[printed name of the proposed administrator]

\_\_\_\_\_ [address of proposed administrator]

who is qualified under §9-1 of the Probate Act of 1975 [755 ILCS 5/9-1] to serve because the person has attained the age of 18 years, is a resident of the United States, is not of unsound mind, is not an adjudged person with a disability, and has not been convicted of a felony.

7. The Petitioner seeks:

Independent Administration.

Supervised Administration.

The Petitioner asks that \_\_\_\_\_,  
[printed name of the proposed administrator]

be appointed \_\_\_\_\_ administrator and for Letters of Office to issue.  
(independent) (supervised)

If a counsel or consular agent is to be notified, name country: \_\_\_\_\_

/s/ \_\_\_\_\_  
[signature of the Petitioner]

\_\_\_\_\_  
[address]

\_\_\_\_\_  
[city/state/zip]

/s/ \_\_\_\_\_  
Attorney Certification

Attorney Number \_\_\_\_\_

Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Attorneys for \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

**Exhibit A**

**attached to and made a part of a Petition for Letters of Administration**

**Estate of \_\_\_\_\_, Deceased**

	Name and post office address of each heir or legatee	Relationship	Check All Applicable Boxes
_____.	Name _____ Street _____ City/State/Zip _____ <i>Notice for this heir or legatee shall also be sent to:</i> Guardian of the Estate    Agent under Power of Attorney    Nominated Personal Fiduciary Name _____ Street _____ City/State/Zip _____	_____	Heir Legatee _____ Minor Person with a Disability _____ Preference Equal
_____.	Name _____ Street _____ City/State/Zip _____ <i>Notice for this heir or legatee shall also be sent to:</i> Guardian of the Estate    Agent under Power of Attorney    Nominated Personal Fiduciary Name _____ Street _____ City/State/Zip _____	_____	Heir Legatee _____ Minor Person with a Disability _____ Preference Equal
_____.	Name _____ Street _____ City/State/Zip _____ <i>Notice for this heir or legatee shall also be sent to:</i> Guardian of the Estate    Agent under Power of Attorney    Nominated Personal Fiduciary Name _____ Street _____ City/State/Zip _____	_____	Heir Legatee _____ Minor Person with a Disability _____ Preference Equal
_____.	Name _____ Street _____ City/State/Zip _____ <i>Notice for this heir or legatee shall also be sent to:</i> Guardian of the Estate    Agent under Power of Attorney    Nominated Personal Fiduciary Name _____ Street _____ City/State/Zip _____	_____	Heir Legatee _____ Minor Person with a Disability _____ Preference Equal

***If additional entries are required, please attach additional sheets.***

The Petitioner represents to the Court that for each minor or a person with a disability (“ward”) for whom a personal fiduciary has been nominated, each of the following statements is true:

- A. The Petitioner is not aware (i) that any guardian of the ward’s estate has been appointed and is currently acting in Illinois or (ii) that any representative for the ward’s estate has been appointed and is currently acting in any other jurisdiction.
- B. The Petitioner is not aware that the decedent designated as personal fiduciary in the decedent’s Will any person who is qualified, willing and able to serve as personal fiduciary for the ward.