

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

Case No. _____ Calendar _____

Estate of _____

Deceased

ACCEPTANCE OF OFFICE OF PERSONAL FIDUCIARY

I have been designated as the personal fiduciary for _____ (“ward”) [name of minor or person with a disability] under a PETITION filed by the independent representative in connection with the above-captioned Estate (“Estate”) pursuant to §28-3 of the Probate Act of 1975 [755 ILCS 5/28-3].

I am of legal age and under no legal disability. I have never been convicted of a felony, and my interests do not conflict with the beneficiary’s interest in the Estate.

I am qualified to act as the personal fiduciary on behalf of the ward because:

I am the ward’s _____ (spouse) (descendant) (parent) (grandparent) (brother) (sister) (uncle) (aunt)

I am the guardian of the person for the ward; or

I have an interest in the Estate substantially identical to that of the ward.

I hereby accept the office of personal fiduciary on behalf of the ward and assume the responsibility to protect the interests of the ward during independent administration and to do all acts necessary or appropriate for that purpose which the ward might do if not under disability. I acknowledge that my approval of or failure to object to any act of the independent representative or the final report by the independent representative binds the ward.

I further acknowledge that a personal fiduciary does not have the power to execute on behalf of the ward a RECEIPT AND APPROVAL ON CLOSING OF DECEDENT’S ESTATE IN INDEPENDENT ADMINISTRATION (CCP-1017).

[date]

[signature of the personal fiduciary]

[printed name of the personal fiduciary]

[address]

[city/state/zip]

Attorney Number _____

Name _____

Firm Name _____

Attorneys for _____

Address _____

City/State/Zip _____

Telephone _____

Email _____