CCP 1017 (12/01/24) 2632

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

Case No. _____ **Calendar** _____

Estate of _____
Deceased

RECEIPT AND APPROVAL ON CLOSING OF DECEDENT'S ESTATE IN INDEPENDENT ADMINISTRATION*

I, _____,
[printed name of the distributee]
acknowledge that I have received my distributive share of the estate in full. I have also received copies of the representative's **INVENTORY**, **ACCOUNT** and **FINAL REPORT**.

I approve the representative's **ACCOUNT** and consent to the fees of the representative in the amount of $_____ and the fees of the attorney for the representative in the amount of $_____ as set forth in the account.

Dated: _____

_____
[signature of the distributee]

_____
[address]

_____
[city/state/zip]

*** To be signed by each heir in an intestate estate and each residuary legatee in a testate estate**

Attorney Number _____

Name _____

Firm Name _____

Attorneys for the representative

Address _____

City/State/Zip _____

Telephone _____

Email _____