

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT  
McHENRY COUNTY, ILLINOIS  
Probate Division**

Estate of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ ) Case Number \_\_\_\_\_  
 \_\_\_\_\_ )  
 Deceased \_\_\_\_\_ )

**PETITION FOR LETTERS OF ADMINISTRATION**

\_\_\_\_\_, states under penalty of perjury:

1. \_\_\_\_\_, whose place of residence at the time of death was \_\_\_\_\_,  
 \_\_\_\_\_, (address) \_\_\_\_\_ (city) \_\_\_\_\_ (county) \_\_\_\_\_ (state),  
 died \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ leaving no will.
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 decedent's heirs are set forth on Exhibit A and made a part of this petition. (Indicate the relationship and whether an heir is a minor or disabled person.)
4. The names and post-office addresses of persons who are entitled to nominate an administrator in preference to (P) or equally with (E) petitioner are set forth on Exhibit A made a part of this petition. If none, so state: \_\_\_\_\_.
5. Petitioner is a \_\_\_\_\_ of decedent and is legally qualified to act, or to nominate a resident of Illinois to act, as administrator.
- \*6. The name and post office address of the personal fiduciary designated to act during independent administration for each heir who is a minor or disabled person are shown on Exhibit A made a part of this petition.

\*If supervised administration is requested, so state and strike Paragraph 6.

7. Petitioner asks that Letters of \_\_\_\_\_  
 (Administration) (Independent Administration)  
 issue to the following, qualified and willing to act:

Name	Address

\_\_\_\_\_  
 Petitioner's Signature  
 Address \_\_\_\_\_

\_\_\_\_\_  
 Attorney Certification

Name \_\_\_\_\_  
 Attorney for \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

