



In The Circuit Court
For The Seventh Judicial Circuit of Illinois
Sangamon County, Springfield, Illinois

IN THE ESTATE OF:



Case No. _____

(Deceased)

PETITION FOR PROBATE OF WILL AND FOR LETTERS TESTAMENTARY

Your Petitioner, _____ on oath states:
(Name)

1. _____, a resident of _____ in the County
(Name)
of _____ and State of _____, died on the ____ Day of
_____, 20____, leaving a Will Date the ____ Day of _____, 20____.
and (if applicable), a codicil dated the ____ Day of _____, 20____, which
Petitioner _____ believes to be the valid last Will of the Testator.
(Name)

2. The approximate value of the Estate in this State is:

Personal: \$ _____ Real: \$ _____

Annual Income from Real Estate: \$ _____

3. The following are the names and Street Addresses of all of the heirs and legatees of Testator and whether or not any of them is a minor or disabled person:

<u>Name</u>	<u>Relationship</u>	<u>Heir-H Legatee-L</u>	<u>Minor-M Disabled-D</u>	<u>Street Address</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. The Descendent nominated as Executor, _____, who is qualified and
(Name)
willing to act and whose address is _____
(Street Address) (City/State/Zip)

5. Independent Administration under Article XXVIII (is)(is not) requested. If Independent Administration is requested, the following are the names and Street Addresses of all personal fiduciaries acting or designated to act pursuant to Section 28-3 of the Prbate Act.

<u>Name</u>	<u>Street Address</u>
_____	_____
_____	_____

6. Petitioner(s) _____ pray(s) that said Will be admitted to Probate and that the Letters Testamentary issue. And Petitioner _____ further pray(s) that Independent Administration (be)(not be) granted.

Petitioner

Petitioner Address

Petitioner

Petitioner Address

Signed and sworn to before me
 in the County of _____
 and State of _____.

 Notary Public

If a Consul or Consular Agent is to be notified,
 state name of Country here:

Name: _____
 Attorney For: _____
 Address: _____
 City/State/Zip: _____
 Area Code/Telephone: _____