



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

ESTATE OF

\_\_\_\_\_

Deceased



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

**PETITION FOR PROBATE OF WILL AND FOR LETTERS TESTAMENTARY**

Your Petitioner, \_\_\_\_\_ on oath states:

1. \_\_\_\_\_, a resident of \_\_\_\_\_ in the County  
of \_\_\_\_\_ and State of \_\_\_\_\_, died on the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, at \_\_\_\_\_, leaving a Will dated 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.

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 post-office 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>Post Office Address</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. The decedent nominated as executor, \_\_\_\_\_, who is qualified and  
willing to act and whose address is \_\_\_\_\_.

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

Name

Post Office Address

\_\_\_\_\_  
\_\_\_\_\_

6. PETITIONER \_\_\_\_\_ PRAY \_\_\_\_\_ that said Will be admitted to probate and that the Letters Testamentary issue. And Petitioner \_\_\_\_\_ further pray \_\_\_\_\_ that Independent Administration (be)(not be) granted.

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner Address

\_\_\_\_\_  
Petitioner

\_\_\_\_\_  
Petitioner Address

SIGNED AND SWORN to before me this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_ in the County of \_\_\_\_\_ and State of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Name \_\_\_\_\_

Attorney For \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

If a consul or consular agent is to be notified, state name of country here: \_\_\_\_\_