

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

Estate of

_____ | No. _____
Deceased

PETITION FOR SUMMARY ADMINISTRATION (INTESTATE)

_____ on oath states:

1. _____, whose place of residence at the time of death was

(address) (city) (county) (state) (zip)
died _____, _____ at _____, leaving no will.
(date) (city) (state) (zip)

2. The gross value of the decedent's real and personal estate subject to administration in this State does not exceed \$50,000.00 and is itemized on Exhibit A attached and made a part of this petition.

*3. (a) There are no unpaid claims against the estate.
(b) The unpaid claims against the estate are itemized on Exhibit A attached and made a part of this petition.

*4. (a) No tax will be due to the United States or this State by reason of the death of the decedent.
(b) All taxes due to the United States or this State by reason of the death of the decedent have been paid or provided for.
(c) All taxes due to the United States or this State by reason of the death of the decedent are the responsibility of another fiduciary.

(Insert name and address)

*5. (a) No person is entitled to surviving spouse's or child's award.
(b) The persons entitled to a surviving spouse's award and the minimum awards allowable and amounts paid are set forth on Exhibit A attached hereto and made a part of this petition.

6. The name and post-office addresses of decedent's heirs are set forth on Exhibit A attached hereto and made a part of this petition. (Indicate the relationship and whether an heir is a minor or disabled person.) 3004

7. All heirs of the decedent have consented in writing to distribution of the estate on summary administration and their consents are attached to this petition.

8. Each distributee tenders herewith a bond, with surety, in the value of his or her distributive share.

Petitioner asks that the court determine the rights of claimants and other persons interested in the estate, direct payment of claims and distribution of the estate on summary administration, excuse the issuance of letters of office or revoke the letters issued, and discharge the representative.

Atty. No.: _____
Name: _____
Attorney for: _____
Address: _____
City/State/Zip: _____
Telephone: _____

Petitioner
Address _____

Signed and sworn before me
_____, _____

*Strike (a),(b), or (c) if not applicable.

Notary Public