IN THE CIRCUIT COURT OF THE SIXTEENTH JUDICIAL CIRCUIT
KANE COUNTY, ILLINOIS

Case No. _____

IN THE MATTER OF THE ESTATE OF (Deceased):

Name: _____

Address: _____

City,State, Zip: _____

Date of Birth: _____

File Stamp

DESIGNATION OF PERSONAL FIDUCIARY FOR WARD

The undersigned Executor/ Administration designates:

Name: _____

Street Address: _____

City, State, Zip: _____

to act as a personal fiduciary for the following ward:

Name: _____

Street Address: _____

City, State, Zip: _____

☐ Minor ☐ Disabled Person

This personal fiduciary has full power and the responsibility to protect the interests of this ward during independent administration and to do all acts necessary or appropriate for that purpose which the ward might do if not under disability.

_____
Executor or Administrator

ACCEPTANCE OF OFFICE

The undersigned accepts the office of personal fiduciary for the above disabled person.

_____
Personal Fiduciary's Signature

_____
Personal Fiduciary Print Name

Signed pursuant to Supreme Court Rule 137: _____ (Attorney or Party)

Prepared by:

Attorney/Pro Se: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Attorney Registration No.: _____

Attorney E-mail: _____