

**IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT  
McHENRY COUNTY, ILLINOIS  
Probate Division**

Estate of

)  
)  
)  
)  
)  
)  
)

\_\_\_\_\_

Deceased

Case Number \_\_\_\_\_

**ACCEPTANCE OF OFFICE**

The undersigned, qualified to accept and administer trusts in this state, accepts the office of Representative of this estate.

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name of corporate trustee

By \_\_\_\_\_

\_\_\_\_\_  
Title

Name \_\_\_\_\_

Attorney for \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_