

**STATE OF ILLINOIS** **UNITED STATES OF AMERICA** **COUNTY OF DU PAGE**  
**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT**

IN RE THE ESTATE OF

\_\_\_\_\_  
**CASE NUMBER**

File Stamp Here

- DECEDENT
- MINOR
- DISABLED PERSON

**BOND OF LEGAL REPRESENTATIVE - NO SURETY**

I, \_\_\_\_\_  
bind myself to the People of the State of Illinois that I will discharge faithfully the duties of the office of \_\_\_\_\_

The obligation of this bond is limited to \$ \_\_\_\_\_

\_\_\_\_\_  
**Signature of legal representative**

\_\_\_\_\_  
**Print full name of legal representative**

\_\_\_\_\_  
Address

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

**Approved in open court**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Judge**

I certify that the person whose name is signed above is known to me and appeared before me and acknowledged that he/she signed it voluntarily.

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Signed and sworn to before me

\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Court Clerk / Notary Public