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

IN RE THE ESTATE OF

_____

☐ DECEDENT
☐ MINOR
☐ DISABLED PERSON

_____
CASE NUMBER

File Stamp Here

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