

**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

- ☐ DECEDENT
- ☐ MINOR
- ☐ DISABLED PERSON

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