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UNITED STATES OF AMERICA STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT <sup>COUNTY</sup> OF DU PAGE				
IN THE CIRCUIT	COURT OF THE EIGH	FEENTH JUDICIAL CI	RCUIT COUNTY OF DO FACE	
IN RE THE MATTER OF				
	CASE NUN	<b>IBER</b>		
DECEDENT				
☐ DISABLED PERSON			File Stamp Here	
	OATH OF OI	FFICE		
ONLY THIS PAGE IS TO BE FILED WITH THE CIRCUIT CLERK				
I			on oath state that I will	
I,	ffice of:	,	on out state that I will	
Administrator (Independent or Supervised) Guardian of the Person				
Executor (Independent or Supervised)		Guardian of the Estate		
		Guardian of the	Estate and Person	
		n of the Person		
			in of the reison	
FOR MINOR/DISABLED	CASES ONLY			
YOU MUST COMPLETE THE INFO				
REQUESTED ON THE 2ND PAGE OF THIS OATH OF OFFICE. THE INFORMATION ON THE 2ND PAGE		Sig	Signature of Party	
WILL <u>NOT</u> BE INCLUDED IN THE	E PUBLIC FILE.			
Name:	Pro Se			
DuPage Attorney Number:		~		
Attorney for:		Signed and	sworn to before me	
Address:				
City/State/Zip:			Date	
Telephone Number:				
Email:		Circuit C	Clerk - Notary Public	

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UNITED STATES OF AMERICA				
STATE OF ILLINOIS IN THE CIRCUIT COURT OF THE EIGHT	EENTH JUDICIAL CI	RCUIT		
IN RE THE MATTER OF				
CASE NUM	BER			
☐ MINOR ☐ DISABLED PERSON				
OATH OF OF	FICE	File Stamp Here		
DO <i>NOT</i> FILE THIS PAGE WITH THE CIRCUIT CLERK				
I,, on oath state that I will faithfully discharge the duties of the Office of:				
faithfully discharge the duties of the Office of:	,			
Administrator (Independent or Supervised)	Guardian of the Person			
Executor (Independent or Supervised)	Guardian of the	Estate		
	Guardian of the I	estate and Dargan		
	Guardian of the Estate and Person			
	Limited Guardian of the Person			
	7			
THIS INFORMATION IS REQUIRED BY THE COURT				
Address				
City/State/ZIP		nature of Party		
Telephone	-	nature of Party		
Drivers License				
THIS INFORMATION WILL <b>NOT</b> BE INCLUDED IN THE PUBLIC FIL	 E.			
Name: Pro Se				
DuPage Attorney Number:	Signed and	l sworn to before me		
Attorney for:				
Address:		Date		
City/State/Zip:				
Telephone Number:     Email:	Circuit C	Clerk - Notary Public		