

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

IN RE THE MATTER OF

CASE NUMBER

- ☐ DECEDENT
☐ MINOR
☐ DISABLED PERSON

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OATH OF OFFICE

ONLY THIS PAGE IS TO BE FILED WITH THE CIRCUIT CLERK

I, _____, on oath state that I will faithfully discharge the duties of the Office of:

- | | |
|--|--|
| <input type="checkbox"/> Administrator (Independent or Supervised) | <input type="checkbox"/> Guardian of the Person |
| <input type="checkbox"/> Executor (Independent or Supervised) | <input type="checkbox"/> Guardian of the Estate |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Guardian of the Estate and Person |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Limited Guardian of the Person |

FOR MINOR/DISABLED CASES ONLY

YOU MUST COMPLETE THE INFORMATION REQUESTED ON THE 2ND PAGE OF THIS OATH OF OFFICE. THE INFORMATION ON THE 2ND PAGE WILL NOT BE INCLUDED IN THE PUBLIC FILE.

Signature of Party

Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

Signed and sworn to before me

Date

Circuit Clerk - Notary Public

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THIS INFORMATION IS REQUIRED BY THE COURT

Address _____

City/State/ZIP _____

Telephone _____

Drivers License _____

Signature of PartyTHIS INFORMATION WILL **NOT** BE INCLUDED IN THE PUBLIC FILE.Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

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