

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

DECEASED

File Stamp Here

RECEIPT OF DISTRIBUTION

I, _____, acknowledge receipt of my share of this estate as follows:

I appear, waive notice and consent to the approval of the ☐ current account ☐ final account of the ☐ Executor
☐ Administrator ☐ Independent Representative and consent to the allowances of fees to the representative and
 attorney as set forth in the account.

 Distributee Signature

 Address

 City, State, Zip

Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____