IN THE CIRCUIT COURT TWENTY-FOURTH JUDICIAL CIRCUIT COUNTY, ILLINOIS, IN PROBATE

| ESTATE OF: | |] | | | |
|---|-----------------------|--------------|----------------|---------------|------------------|
| | |] | | | |
| | , |] | No: | | |
| Ι | Disabled Adult |] | Docket: | | |
| | |] | Page: | | |
| LETTER | s of Office – C | GUARDIA | N OF PERS | SON | |
| | | | | has been app | pointed guardian |
| of the person of | | | | | |
| a disabled adult and is authorized to h | nave under the direct | ction of the | e court the c | ustody of the | ward and to do |
| all acts required of him by law. | | | | | |
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| | Wi | tness, | | , | 19 |
| (Seal of Court) | | | | | |
| (Scar of Court) | | | Clerk of Court | | |
| | | | CICIK | or court | |
| | CERTIFIC | CATE | | | |
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| I certify that this is a copy of the | ne letters of office | now in for | ce in this es | state. | |
| | | | | | 19 |
| | | | | , | |
| (Seal of Court) | | | | | |
| , | | | Clerk | of Court | |
| | | | | | |
| Name: | | | | | |
| Attorney for: | | | | | |
| Address: | | | | | |
| City: | | | | | |
| Telephone No.: | | | | | |