

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT  
DUPAGE COUNTY, ILLINOIS**

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 or Notary Public

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- Guardian of the Estate
- \_\_\_\_\_  Guardian of the Estate and Person
- \_\_\_\_\_  Limited Guardian of the Person

THIS INFORMATION IS REQUIRED BY THE COURT

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone \_\_\_\_\_

Drivers License \_\_\_\_\_

\_\_\_\_\_  
Signature of Party

THIS INFORMATION WILL **NOT** BE INCLUDED IN THE PUBLIC FILE.

Name: \_\_\_\_\_  Pro Se

DuPage Attorney Number: \_\_\_\_\_

Attorney for: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Circuit Clerk or Notary Public