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

IN RE THE ESTATE OF

_____

DECEASED

_____

CASE NUMBER

File Stamp Here

NOTICE OF DISALLOWANCE OF CLAIM

To: _____

_____

_____

The representative in this cause has disallowed your claim ☐ in its entirety ☐ to the extent of $ _____ in accordance with Section 18-11 of the Probate Act of 1975. (755 ILCS 5/18-11)

Your disallowed claim will be barred under Section 18-12 of the Probate Act of 1975 in the same manner as a claim not timely filed, unless it is presented to the Court within 60 days after your receipt of this notice of disallowance.

_____
Date

_____
Attorney For Representative

PROOF OF SERVICE

On _____ I, _____ on oath state that

☐ I served this notice by delivering a copy personally to each person to whom it is directed.

☐ I served this notice by mailing a copy to each person to whom it is directed and depositing the same in the U. S. Mail at , Illinois, with the proper postage prepaid.

Name: _____ ☐ Pro Se

DuPage Attorney Number: _____

Attorney for: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Email: _____

_____
Signature of Party

Signed and sworn to before me

_____
Date

_____
Circuit Clerk or Notary Public