

**IN THE CIRCUIT COURT OF THE TWENTY-SECOND JUDICIAL CIRCUIT  
McHENRY COUNTY, ILLINOIS  
Probate Division**

Estate of \_\_\_\_\_ )  
 )  
 )  
 ) Case Number \_\_\_\_\_  
\_\_\_\_\_ )  
Deceased )

**CONSENT TO ALLOWANCE OF FEES AND  
RECEIPT AND APPEARANCE**

The undersigned, the beneficiaries of the Estate of \_\_\_\_\_, Deceased,  
do hereby consent to the allowance of the following fees:

\_\_\_\_\_ fee to \_\_\_\_\_ in the amount of  
(Executor/Administrator)  
\$ \_\_\_\_\_;

Attorneys' fees to \_\_\_\_\_ in the amount of \$ \_\_\_\_\_  
plus costs in the amount of \$ \_\_\_\_\_.

The undersigned consent to the Court allowing aforesaid fees and costs; and do hereby acknowledge receipt of their full distributive share of the estate, and hereby enter their appearance in the above entitled cause; waive notice of hearing on the Final Account and Final Report of the Executor/Administrator of the Estate of \_\_\_\_\_, Deceased; consent to the entry of an Order of Court approving said Final Account and Final Report and to the discharge of said Executor/Administrator. They hereby certify that they are of lawful age and under no disability.

\_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
Attorney for \_\_\_\_\_  
Address \_\_\_\_\_  
City, State Zip \_\_\_\_\_  
Telephone \_\_\_\_\_