

**IN THE CIRCUIT COURT OF THE 17th JUDICIAL CIRCUIT
BOONE COUNTY, ILLINOIS
Probate Division**

In the Matter of the Estate of _____)
)
) Case Number _____)
)
 _____)
 Adult with Disability)

OATH OF OFFICE
Guardian

I, _____, on oath state that I will discharge
faithfully the duties of the office of Guardian of the _____.
(Person) (Estate) (Estate & Person)

Guardian Signature

Address

Subscribed and sworn to before me this
_____ day of _____, 20____

(Notary Public) (Clerk)

For Attorney if Applicable
Name _____
Attorney for _____
Address _____
City, State Zip _____
Telephone _____
Email _____