

# State of Illinois Deposit of Wills and Certification of Diligent Search

15 ILCS 305/5.15



Secretary of State Index Department  
111 E. Monroe  
Springfield, IL 62756  
217-782-7017  
www.cyberdriveillinois.com

(Please type or print.)

## \* TESTATOR:

\_\_\_\_\_  
\* Last Name, First Name, Middle Initial

\_\_\_\_\_  
\* Last Known Address

\_\_\_\_\_  
\* City, State, ZIP

\_\_\_\_\_  
Alternate Name(s)

\_\_\_\_\_  
Alternate Name(s)

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Social Security Number  
(last four digits)

## \* DEPOSITOR:

\_\_\_\_\_  
\* Last Name, First Name

\_\_\_\_\_  
Company or Firm (if applicable)

\_\_\_\_\_  
\* Address

\_\_\_\_\_  
\* City, State, ZIP

\_\_\_\_\_  
\* Telephone Number

OFFICE USE ONLY

\* DATE OF DEPOSIT:

\* FEE PAID:

\_\_\_\_\_

## \* DESCRIPTION OF DOCUMENT(S) DEPOSITED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Number of Pages \_\_\_\_\_ \*Date of Execution (if known) \_\_\_\_\_

## \* CERTIFICATION OF DILIGENT SEARCH: (Provide details of the steps taken for diligent search.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Under penalties as provided by law pursuant to Section 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on the information and belief and as to such matters the undersigned certifies as aforesaid that he verily believes the same to be true.

\_\_\_\_\_  
\* Signature of Depositor

\_\_\_\_\_  
\* Date

\*Required by Law