

UNITED STATES OF AMERICA
STATE OF ILLINOIS COUNTY OF LASALLE
IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT

IN THE MATTER OF THE ESTATE OF

_____ No. _____
Disabled Person

PHYSICIAN'S AFFIDAVIT - GUARDIANSHIP

_____, on oath states:

- 1. I am licensed to practice medicine in all its branches in Illinois.
2. On _____, 20_____, I examined _____
3. In my opinion he/she is _____
(physically) (and) (mentally)
incapable of managing his _____
(person) (estate) (person and estate)
4. My opinion based on these facts: (Facts must correspond to Section 11a-9, Chapter 110 1/2)

Signed and Sworn to before me

_____, 20_____

Notary Public

M.D.

Name: _____

Address

Attorney for: _____

City

Address: _____

Telephone

City: _____

Telephone: _____