

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

ESTATE OF

**DOLLY DISABLED,
Alleged Disabled Person**

**NO. 02 P 1000
DOCKET: 1111
PAGE: 1111**

EXHIBIT "A" TO PETITION FOR GUARDIANSHIP OF ALLEGED DISABLED PERSON

The names and post office addresses of the adult relatives of the alleged disabled person entitled to notice are as follows:

NAME	RELATIONSHIP	POST OFFICE ADDRESS
Ned Noe	Father	456 Little Lane Chicago, IL 60601
Darla Doe	Adult Sister	789 Small Street Smalltown, IL 60581

Larry Lawyer
Chicago Volunteer Legal Services
Attorney for the Petitioner
100 North LaSalle, Suite 900
Chicago, IL 60602-2405
312-332-1624
Attorney Code: 91139

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

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SUMMONS FOR APPOINTMENT OF GUARDIAN FOR DISABLED PERSON

To: Dolly Disabled
123 Big Street
Chicago, IL 60601

You are summoned to appear at a hearing on a petition to adjudge you a disabled person and have a guardian appointed to make decisions for you regarding yourself or your property or both. A copy of the petition is attached.

The hearing to determine whether or not a guardian will be appointed for you will be held on
March 15 20 01 at 10 a.m. in Room 1804
 of the Richard J. Daley Center, Chicago, Illinois.

At the hearing, you have a right to be represented by a lawyer. You have the right to attend the hearing. If you do not have a lawyer, the court will appoint one for you upon your written or oral request communicated to the court prior to or at the hearing. You have the right to demand a jury trial. You may confront and cross-examine all witnesses and present your own witnesses. You have the right to request that your hearing be closed to the public.

You have the right to request that an expert be appointed to examine you.

TO THE OFFICER:

This summons must be served on the alleged disabled person personally not later than 14 days before the day for appearance. The summons must be returned by the officer, or other person to whom it was given for service, with endorsement of service and fees, if any, not later than 2 days after service. If service cannot be made on the alleged disabled person personally, this summons shall be returned so endorsed.

Witness _____, 20

Clerk of Court

(Seal of Court)

~~*Service by Facsimile Transmission will be accepted at: _____ (A.C.) _____ (Facsimile Telephone Number)~~

(OVER)

RETURN

I certify that on _____, 20____, I served this summons on the alleged disabled person by leaving a copy with him/her personally and informing him/her of its contents.

_____ Sheriff of _____ County

By _____ Deputy

SHERIFF'S FEES

Service and return _____ \$ _____

Miles _____ \$ _____

Total _____ \$ _____

Atty. No. : 91139

Atty Name: Larry Lawyer

Firm Name: Chicago Volunteer Legal Services Foundation

Attorney for: Petitioner

Address : 100 N. LaSalle, Suite 900

City/Zip: Chicago, IL 60602-2405

Telephone : 312.332.1624

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - PROBATE DIVISION**

Estate of:

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NOTICE OF RIGHTS OF RESPONDENT

You have been named as a respondent in a guardianship petition asking that you be declared a disabled person. If the court grants the petition, a guardian will be appointed for you. A copy of the guardianship petition is attached for your convenience.

The date and time of the hearing: March 15, 2001 at 10:00 a.m.

The place where the hearing will occur is: Courtroom 1804 of the Richard J. Daley Center

The Judge's name and phone number is: Jeffery Judge 312.312.0000

If a guardian is appointed for you, the guardian may be given the right to make all important personal decisions for you, such as where you may live, what medical treatment you may receive, what places you may visit, and who may visit you. A guardian may also be given the right to control and manage your money and other property, including your home, if you own one. You may lose the right to make these decisions for yourself.

You have the following legal rights:

- (1) You have the right to be present at the court hearing.
- (2) You have the right to be represented by a lawyer, either one that you retain, or one appointed by the Judge.
- (3) You have the right to ask for a jury of six persons to hear your case.
- (4) You have the right to present evidence to the court and to confront and cross-examine witnesses.
- (5) You have the right to ask the Judge to appoint an independent expert to examine you and give an opinion about your need for a guardian.
- (6) You have the right to ask that the court hearing be closed to the public.
- (7) You have the right to tell the court whom you prefer to have for your guardian.

You do not have to attend the court hearing if you do not want to be there. If you do not attend, the Judge may appoint a guardian if the Judge finds that a guardian would be of benefit to you. The hearing will not be postponed or canceled if you do not attend.

IT IS VERY IMPORTANT THAT YOU ATTEND THE HEARING IF YOU DO NOT WANT A GUARDIAN OR IF YOU WANT SOMEONE OTHER THAN THE PERSON NAMED IN THE GUARDIANSHIP PETITION TO BE YOUR GUARDIAN. IF YOU DO NOT WANT A GUARDIAN OR IF YOU HAVE ANY OTHER PROBLEMS, YOU SHOULD CONTACT AN ATTORNEY OR COME TO COURT AND TELL THE JUDGE.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Estate of:

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Alleged Disabled Person

REPORT

DOCTOR NAME, a physician licensed to practice medicine in all its branches in the State of Illinois, submits the following report on PATIENT NAME, an allegedly disabled person, based on an examination of the respondent on LAST VISIT DATE.

NOTE: The examination must have occurred no earlier than three months before the petition for guardianship is filed.

1. **Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently: (Please state underlying diagnosis, as well as manifestations of disability.)**

1) Diagnosis of patient's mental and physical medical condition, including an explanation of technical terms. 2) List any physical conditions which hinder patient's ability to communicate. 3) How does disability relate to activities of daily living?

2. **Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational condition, adaptive behavior and social skills.**

Can patient make decisions to take care of self or direct others to meet her/his needs? Give examples of behaviors and observations as to this ability.

3. **State whether, in your opinion, the respondent is *TOTALLY* or only *PARTIALLY* incapable of making *PERSONAL* and *FINANCIAL* decisions, and, if the latter, the kinds of decisions which the respondent can and cannot make. Include the reason for this opinion.**

1) Is patient *TOTALLY* incapable of making personal and financial decisions?
2) Is patient *PARTIALLY* incapable of making personal and financial decisions? If partially, what kind of decisions can the respondent make?
Include the reasons for your conclusion.

4. **What, in your opinion, is the most appropriate living arrangement for the respondent and, if applicable, describe the most appropriate treatment or habilitation plan. Include reason for your opinion.**

1) Most appropriate living arrangement. 2) Is 24-hour care required? 3) What treatment is appropriate?

5. **Provide a statement describing the certification, license, or other credentials of the physician preparing this report.**

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

(Print or Type Physician's name)

(License Number)

Signed*: _____
*see reverse side

Address: _____

City & Zip: _____

Telephone: _____

*This report must be signed by a physician. If the description of the respondent's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluation must also sign the report. Evaluation on which the report is based must have been performed within 3 months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluations upon which this report is based:

Name _____

Address _____

Certification, licenses, or other credentials _____

Signature _____

Name _____

Address _____

Certification, licenses, or other credentials _____

Signature _____

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REPORT

Dave Doctor, M.D., a physician licensed to practice medicine in all its branches in the State of Illinois, submits the following report on Dolly Disabled, an allegedly disabled person, based on an examination of the respondent on February 15, 2002.

NOTE: The examination must have occurred no earlier than three months before the petition for guardianship is filed.

(Attach additional sheet if necessary)

- Describe the nature and type of the respondent's disability and provide an assessment of how the disability impacts on the ability of the respondent to make decisions or to function independently: (Please state underlying diagnosis, as well as manifestations of disability.)** She has chronic schizophrenia requiring multiple hospitalizations. She currently manifests severely disturbed thought processes including tangential, concrete and poorly organized thinking with little capacity for abstract thought. This condition greatly inhibits her ability to make decisions. Until recently she denied that she was pregnant, currently she refuses to entertain the idea that the fetus may have a spinal defect. She holds the delusional belief that the necessary test will harm her and the fetus. However, her refusal to have the tests done is actually endangering the fetus.
- Provide an analysis and results of evaluations of the respondent's mental and physical condition and, where appropriate, describe educational condition, adaptive behavior and social skills.** She is a 28 year old Black woman who is 35 weeks pregnant. She has three children, all of whom are in the custody of relatives. The respondent denies that she is pregnant. She shows little response to attempts to educate her about her condition, which increases risks to herself and her fetus. She is not capable of making decisions to take care of her own needs nor the needs of her fetus.
- State whether, in your opinion, the respondent is *TOTALLY* or only *PARTIALLY* incapable of making *PERSONAL* and *FINANCIAL* decisions, and, if the latter, the kinds of decisions which the respondent can and cannot make. Include the reason for this opinion.** In my opinion she is almost *TOTALLY* incapable of making personal decisions pertaining to her pregnancy, with the possible exception of her decision to keep the baby. I base my decision on (1) Her denial until recently that she was pregnant, (2) Her refusal of routine and more specific obstetrical care, (3) Her denial of certain risks to herself and her fetus that exist during this pregnancy, (4) Her denial of any problems to be anticipated caring for the expected baby, despite her inability to formulate concrete plans for caring for her baby.
- What, in your opinion, is the most appropriate living arrangement for the respondent and, if applicable, describe the most appropriate treatment or habilitation plan. Include reason for your opinion.** She is currently hospitalized and requires full time supervision to prevent further risks to herself and her baby resulting from negligence. There is no evidence that she would be able to care for her baby without living arrangement providing a similar level of supervision. Current treatment plan includes providing at least minimal prenatal care in hospital, while optimal treatment plan includes diagnostic studies and therapeutic modalities currently refused.
- Provide a statement describing the certification, license, or other credentials of the physician preparing this report.**

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Dave Doctor, M.D.
(Print or Type Physician's name)

000-0000
(License Number)

Signed*: _____
*see reverse side

Address: 123 Hospital Rd.

City & Zip: Chicago, IL 60602

Telephone: 312.111.2222

*This report must be signed by a physician. If the description of the respondent's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professionals, all professionals preparing evaluation must also sign the report. Evaluation on which the report is based must have been performed within 3 months of the date of the filing of the petition.

Names and signatures of other persons who performed evaluations upon which this report is based:

Name _____

Address _____

Certification, licenses, or other credentials _____

Signature _____

Name _____

Address _____

Certification, licenses, or other credentials _____

Signature _____

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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ESTATE OF

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Dolly Disabled

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An Alleged Disabled Person

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MOTION TO WAIVE APPOINTMENT OF GUARDIAN AD LITEM

Now comes the Petitioner, Gilda Guardian, by her attorney, Larry Lawyer of Chicago Volunteer Legal Services Foundation, and respectfully moves the court to waive the appointment of Guardian *Ad Litem* in consideration of the following facts:

1. The alleged disabled person, Dolly Disabled, owns no property.
2. Dolly Disabled's only income is as follows:
 - a. \$ 0 per month from _____. The payee is _____.
 - b. \$ 0 per month from _____. Only \$ _____ per month is retained by Dolly Disabled. The remainder is paid to _____.
3. The Petitioner is of limited means and is unable to pay the fee of a Guardian *Ad Litem*.

WHEREFORE, the Petitioner prays that this Honorable court waive the appointment of Guardian *Ad Litem* in this cause.

Gilda Guardian,
By Her Attorney, Larry Lawyer

Larry Lawyer
Chicago Volunteer Legal Services
Attorney for: Petitioner
100 N. LaSalle St.
Suite 900
Chicago, IL 60602-2405
(312) 332-1624
Law Firm No.: 91139

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

DOLLY DISABLED

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ORDER APPOINTING GUARDIAN AD LITEM FOR ALLEGED DISABLED PERSON

Pursuant to the provisions of Sec. 11a-10 of the Illinois Probate Act, Courtney Pointed
 is appointed guardian *ad litem* for the above
 named person. 4629

The guardian *ad litem* is directed to interview the respondent and inform respondent orally and in writing of the contents of the petition and of respondent's rights under 755 ILCS 5/11a-11 of the Illinois Probate Act. The guardian *ad litem* shall also attempt to elicit the position of the alleged disabled person concerning the adjudication of disability, the proposed guardian, a proposed change in residential placement, changes in care that might result from the guardianship, and other areas of inquiry deemed appropriate by the court.

The guardian ad litem is directed to file a written report with the Court and to be present at the hearing in Room 1804 of the Richard J. Daley Center on 5/15 20 02, at 10 A.M.
 4217
 6191

Date: _____, _____

ENTER:

Atty. No.: 91139Name: Larry LawyerFirm Name: Chicago Volunteer Legal Services

Atty. for Petitioner: _____

Address : 100 N. LaSalle, Suite 900City/State/Zip: Chicago, IL 60602-2405Telephone : 312.332.1624

Judge

Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

COUNTY DEPARTMENT - PROBATE DIVISION

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ORDER APPOINTING PLENARY GUARDIAN FOR A DISABLED PERSON

On the verified petition of Gilda Guardianfor an adjudication of disability and the appointment of a guardian for the estate and person

(estate and person)

(estate)

of the above named disabled person, the Court, having heard the evidence presented, finds:

(person)

1. That respondent is a disabled person and is
 - *a. totally without understanding or capacity to make or communicate decisions regarding his/her person:
 - *b. totally unable to manage his/her estate or financial affairs.
2. Limited guardianship will not provide sufficient protection for *the disabled person./*the disabled person's estate./*the disabled person and the disabled person's estate.
3. The appointment of a guardian *ad litem* is not necessary for the protection of the disabled person or for a reasonably informed decision on the petition.
4. **If the State Guardian is appointed guardian, no other suitable and willing person could be found to accept the guardianship appointment.

The factual basis for the findings of the Court is as follows: the physician's report and Dr. Dave Doctor's examination of the Respondent, the testimony of the Petitioner, the appearance of the Respondent in court and the testimony of the Respondent; and because it appears that there is no less restrictive alternative.

IT IS HEREBY ORDERED THAT:

*A. Gilda Guardian is appointed plenary guardian of the estate and person of the disabled person.

☐ 4618 (estate)☐ 4620 (estate and person)

*B. _____ is appointed plenary guardian of the person of the disabled person.

C. Letters of plenary guardianship shall issue in accordance with the provisions of this order.

D. Bond is approved.

☐ 4621 (waived)☐ 4620 (approved)

*E. The guardian shall file an inventory on or before 7/21/2002, at 10:00 a.m. in Room 1804 of the Richard J. Daley Center, Chicago, IL. ☐ 4250

*F. The appointment of a guardian ad litem is waived. ☐ 4626

G. The disabled person's presence at the hearing is excused because the record shows the disabled person *refuses to be present./ *will suffer harm if required to attend. ☐ 4270

Atty. No.: 91139

DATE:

Name: Larry LawyerFirm Name: Chicago Volunteer Legal ServicesAttorney for Petitioner: Gilda Guardian

ENTER:

Address: 100 N. LaSalle, Suite 900City/State/Zip: Chicago, IL 60602-2405Telephone: 312.332.1624

Judge

Judge's No.

*Strike if not applicable

**Strike if State Guardian is Petitioner.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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OATH AND BOND OF REPRESENTATIVE – NO SURETY

I, Gilda Guardian, on oath state that I will discharge faithfully the duties of the office of representative, and I acknowledge that I am bound to the People of the State of Illinois to the faithful discharge of those duties in an amount equal to double the value from time to time of the personal estate.

APPROVED:

_____, _____

Judge

Judge's No.

Address 123 Big StreetChicago, IL 60601Atty. No.: 91139Atty Name: Larry LawyerFirm Name: Chicago Volunteer Legal Services

Atty. for Representative: _____

Address: 100 N. LaSalle, Suite 900City/Zip: Chicago, IL 60602-2405Telephone: 312-332-1624

Signed and sworn to before me

_____, _____

(Clerk of Court) (Notary Public)

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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ESTATE OF:

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OATH AND BOND OF REPRESENTATIVE - SURETY

I, **Gilda Guardian**, on oath state that I will discharge faithfully the duties of the office of representative. I and the undersigned sureties jointly and severally bind ourselves to the People of the State of Illinois to the faithful discharge of those duties.

The obligation of this bond is limited to \$ 625,000

APPROVED:

*

as Representative and Principal

Judge

Judge's No.

Address 123 Big Street

Chicago, IL 60602

✻

as surety

Address ABC Surety Co., 100 Financial Way

Chicago, IL 60600

*

as surety

Address

*

as surety

Atty. No.: 91139

Name: Larry Lawyer

Firm Name: Chicago Volunteer Legal Services

Atty. for Representative: Gilda Guardian

Address: 100 N. LaSalle, Suite 900

City/State/Zip: Chicago IL 60602

Telephone: 312-332-1624

Signed and sworn to before me by the representative on

(Clerk of Court) (Notary Public)

* First name of each principal and individual surety must be written in full.

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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BOND – ADDITIONAL – SURETY

We, Gilda Guardian and
ABC Surety Co. and

jointly and severally bind ourselves to the People of the State of Illinois that the principal will continue to discharge faithfully the duties of the office of Representative of the Estate

The obligation of this bond is limited to \$108,000,
and is in addition to the bond previously filed herein by the principal.

APPROVED:

*

As Principal

Judge

Judge's No.

Address 123 Big StreetChicago, IL 60602

*

as suretyAddress 100 Financial WayChicago, IL 60600

*

as surety

Address _____

Atty. No.: 91139Atty. Name: Larry LawyerAtty. for Principal: Gilda GuardianAddress: 100 N. LaSalle, Suite 900City/State/Zip: Chicago, IL 60602Telephone: 312-332-1624

Signed and sworn to before me on this _____ day of _____,

(Clerk of Circuit Court) (Notary Public)

* First name of each principal and individual surety must be written in full.

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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**STATEMENT OF
RIGHT TO DISCHARGE GUARDIAN
OR MODIFY GUARDIANSHIP ORDER**

You have been adjudged a disabled person and a guardian has been appointed for you. The duties of your guardian have also been determined

If you believe you can make or communicate decisions about yourself, or manage your financial affairs because of some change in your circumstances, you may ask the court for assistance in modifying or discharging the guardian.

You can contact the court by any means, including a phone call, an informal letter, or a visit, however, a written request is preferable. Any such request should be sent to:

Presiding Judge
Probate Division
Circuit Court of Cook County
Richard J. Daley Center
Chicago, Illinois 60602

The Clerk of the Circuit Court of Cook County is directed to mail a copy of this statement to the above-named disabled person at the residence address set forth in the petition filed herein.

[] 2657 Copy mailed:

DATE:

_____, _____

_____, _____

ENTER:

Clerk_____
Judge Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

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APPEARANCE AND CONSENT FOR LETTERS APPOINTING GUARDIAN

I, Ned Noe, Father of the alleged disabled person, state
(Affiant) (relationship to ward)

that I am under no legal disability and so hereby appear, waive notice and consent to the

immediate appointment of Gilda Guardian guardian of the person and
(guardian)

estate of Dolly Disabled.
(disabled person).

Ned Noe

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

Notary Public

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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NOTICE OF MOTION

To: Darla Doe
789 Small Street
Smalltown, IL 60581

On March 15, 20 02, at 10:00 a. m., or as soon thereafter as counsel may be heard, I shall appear before the Honorable Jeffery Judge or any Judge sitting in that Judge's stead, in the courtroom usually occupied by him/her in Courtroom 1804, Richard J. Daley Center Chicago, Illinois and present Petition for Guardianship

Name: Larry Lawyer/Chicago Volunteer Legal Services
Address: 100 North LaSalle, Suite 100
Telephone: 312.332.1624

Attorney for Gilda Guardian
City: Chicago, IL 60602
Atty No. 91139

Copy received _____, 19_____, at _____m.

PROOF OF SERVICE BY DELIVERY

I, _____ the attorney/non attorney* certify; that
(*strike one)
on _____, 19_____, I served this notice by delivering a copy personally to each person to whom it is directed.

☐ Under penalties as provided by law pursuant to 735 ILCS 5/1-109

Date _____

I certify that the statements set forth herein are true and correct.

Signature

PROOF OF SERVICE BY MAIL

I, Larry Lawyer the attorney/non attorney* certify; that
(*strike one)

I served this notice by mailing a copy to Darla Doe
at 789 Small Street, Smalltown, IL 60581

(address which appears on envelope)

and depositing the same in the U.S. mail at 100 N. LaSalle, Chicago, IL
(place of mailing)

at 5:00 p. m. on March 5, 20 02, with proper postage prepaid _____

Date _____

☒ Under penalties as provided by law pursuant to 735 ILCS 5/1-109

I certify that the statements set forth herein are true and correct.

Signature

NOTE: If more than one person is served by mail, additional proof of service may be made on the reverse side.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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INVENTORY

ASSETS

Real Estate

None

Personal Estate

1. Account at Republic Bank

Account No.	Annual Interest Rate	Maturity Date	Account Balance (principal)
170013175	6.30	07/20/99	\$152,000.00

2. Accounts at Liberty Federal Bank

	Account No.	Annual Interest Rate	Maturity Date	Account Balance (principal)
a.	017-7946468	4.64	06/04/00	\$ 31,014.78
b.	017-8003360	5.63	05/05/03	10,622.24
c.	017-8755976	6.48	10/02/99	110,173.72
d.	017-8789520	6.11	09/11/02	45,532.66
e.	017-8918418	6.48	05/16/02	22,918.12
f.	017-8931650	5.70	02/07/01	18,330.11
g.	017-8002755	5.73	02/23/00	10,749.09
h.	017-8003557	5.79	05/04/00	12,289.16
i.	017-7014423	5.16	01/30/99	<u>3,483.12</u>

Subtotal

\$265,113.00

TOTAL PERSONAL ESTATE

\$417,113.00

INCOME

None

TOTAL MONTHLY INCOME	\$0.00
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DISBURSEMENTS BY GUARDIAN

None

TOTAL DISBURSEMENTS	\$0.00
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RECAPITULATION

TOTAL ASSETS AND INCOME	\$417,113.00
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TOTAL DISBURSEMENTS	<u>\$0.00</u>
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BALANCE IN ESTATE	\$417,113.00
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The bond of the guardian complies with the provisions of Section 12-5 of the Probate Act of 1975.

Larry Lawyer

CERTIFICATION

Gilda Guardian, being first duly sworn on oath, states that she is the duly appointed Limited Guardian of the Person and Estate of Dolly Disabled, and that she has read the above and foregoing **Inventory**, and that the same is true and correct.

Gilda Guardian

SUBSCRIBED and SWORN to before me this 19th day of June, 2002.

Notary Public

Larry Lawyer
Chicago Volunteer Legal Services Foundation
Attorney for Gilda Guardian
100 N. LaSalle Street, Suite 900
Chicago, Illinois 60602
(312)332-1624
Law Firm No. 91139

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PETITION TO SUGGEST DEATH OF DISABLED PERSON

NOW Comes Gilda Guardian, by and through her attorney of record, Larry Lawyer of Chicago Volunteer Legal Services, and advises this court that the Respondent, Dolly Disabled, died on December 1, 2002. A copy of the death certificate is attached as Exhibit "A".

Respectfully Submitted,

Gilda Guardian

Larry Lawyer
Chicago Volunteer Legal Services
Attorney for: Gilda Guardian
100 N. LaSalle, Suite 900
Chicago IL 60602
(312) 332-1624
Atty No. 91139

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
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PETITION FOR SUCCESSOR GUARDIAN

Nelly Neighbor, states under penalties of perjury:

1. That Gilda Guardian was appointed as Guardian on date certain.
2. That Gilda Guardian, Guardian (died on date certain) (moved out of state) (was declared a disabled person).
3. That Nelly Neighbor is a friend of the respondent.
4. That the respondent continues to require the protection of the guardianship court.
5. The names and post office addresses of the respondent's nearest relatives and guardian, if any, are listed on **Exhibit A attached hereto and made a part of this petition. (Note: Usually same parties as listed with Petition for Plenary Guardianship - Include the respondent)**
6. The name and address of the person with whom, or the facility in which the respondent is residing is: 123 Big Street, Chicago, IL 60602.

Petitioner asks that Nelly Neighbor, be appointed as successor guardian of the person and estate of respondent.

Nelly Neighbor is 39 years of age, occupation retired, qualified and willing to act; be appointed as guardian of the person and estate.

Larry Lawyer
Chicago Volunteer Legal Services
100 N. La Salle #900
Chicago IL 60602
312-332-1624
Atty No. 91139

Petitioner, Nelly Neighbor
Address: 123 Noplan
Waited, IL 60611

* Strike if not applicable

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ORDER APPOINTING SUCCESSOR GUARDIAN

On the verified petition of Nelly Neighbor, for appointment of a successor guardian, the court advised of the death of the guardian Gilda Guardian, and all parties entitled to notice having received same,

IT IS HEREBY ORDERED THAT:

Based on the supplemental medical report currently dated indicating that Dolly Disabled continues to be a disabled person,

* A. Nelly Neighbor is appointed successor plenary guardian of the PERSON AND ESTATE of the disabled person.

* B. _____ is appointed plenary guardian of the person of the disabled person.

C. Letters of plenary guardianship shall issue in accordance with the provisions of this order.

D. Bond is approved.

E. The guardian shall file an inventory on or before December 15, 2002 at 10:00 AM in Room 1804 of the Richard J. Daley Center.

Atty. No.: 91139
Name: Larry Lawyer
Firm Name: Chicago Volunteer Legal Services
Attorney for Petitioner: Gilda Guardian
Address: 100 N. LaSalle, Suite 900
City/State/Zip: Chicago, IL 60602-2405
Telephone: 312.332.1624

*Strike if not applicable

DATE:

ENTER:

Judge

Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

ESTATE OF:

DOLLY DISABLED

A Disabled Person

No: 02 P 1000

Docket: 1111

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DESIGNATION OF RESIDENT AGENT

I, Nelly Neighbor, Guardian of Dolly Disabled, hereby designate Larry Lawyer, of 100 N. LaSalle, Suite 900, Chicago, IL, as my resident agent in Illinois to accept service of process, notice or demand required or permitted by law to be served upon me in my capacity as Petitioner and or guardian in the above captioned matter.

I understand that assets of the guardianship estate are not permitted to leave the jurisdiction of the state of Illinois.

Nelly Neighbor-Guardian
Colorado City, Colorado

Larry Lawyer
Chicago Volunteer Legal Services
Attorney for Guardian
100 N. LaSalle, Suite 900
Chicago, IL 60602
312-332-1624
Atty No. 91139

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

ESTATE OF:

No: 02 P 1000

DOLLY DISABLED

Docket: 1111

A Disabled Person

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Dear Guardian:

Our court records indicate you were appointed plenary and/or limited guardian of Dolly Disabled on December 15, 2002. The Court requests a report on the ward. Please provide the following information:

1. The current mental, physical and social status of the ward:
2. A description and the address of the ward's present living arrangement:
3. A summary of any medical, educational, vocational and other professional services given to the ward:
4. A summary of the guardian's visits with and activities on behalf of the ward:
5. A recommendation as to the need for continued guardianship and any other information regarding the ward that you deem important and useful:
6. The guardian's current address and telephone number:

After you have completed and signed this report, please mail it to:

Presiding Judge, Probate Division
1803 Richard J. Daley Center
Chicago IL 60602

Thank you for your cooperation.

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

No: 02 P 1000DOLLY DISABLEDDocket: 1111Page: 1111

PETITION FOR TEMPORARY GUARDIAN

GILDA GUARDIAN states under the penalties of perjury:

1. On February 15, 2002, a petition was filed herein for the appointment of a guardian of Estate and Person

[] 2463 (Estate and Person) [] 2462 (Estate) [] 2461 (Person)

of Dolly Disabled

2. A temporary guardian is necessary for the welfare and protection of the respondent because:

Respondent is hospitalized and incapacitated and in need of an immediate insertion of a feeding tube

Petitioner asks that Gilda Guardian 123 Big Street

(Name) (Address)

Chicago IL 60602 55 years.

(City) (State) (Zip) (Age)

Mother, qualified and willing to act, be appointed as

(Relationship, if any)

temporary guardian of Estate and Person

(Estate and Person) (Estate) (Person)

of the alleged disabled person.

Atty Name: Larry LawyerFirm Name: Chicago Volunteer Legal Services

Atty for Petitioner: _____

Address: 100 N. LaSalle #900City/Zip: Chicago, IL 60602-2405Telephone: 312-332-1624Atty No.: 91139_____
Petitioner_____
Address_____
City State Zip_____
Attorney Certification

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

ESTATE OF

No: 02 P 1000DOLLY DISABLED,Docket: 1111Page: 1111

ORDER APPOINTING TEMPORARY GUARDIAN

On the petition of Gilda Guardian for
appointment of a temporary guardian of the alleged disabled person or the estate of the alleged disabled person,
the court having heard the evidence presented, identifies the actual harm that necessitates temporary guardianship
to be

Respondent is hospitalized and incapacitated and in need of an immediate insertion of a feeding tube

It Is Hereby Ordered that Gilda Guardian is appointed temporary
guardian for the respondent's Estate and Person

☐ 4617 (Estate and Person) ☐ 4614 (Estate) ☐ 4616 (Person)

of the alleged disabled person and that letters of temporary guardianship issue.

The powers and duties of the temporary guardian are as follows:

Date:

_____, _____

ENTER:

Atty. No.: 91139Name: Larry LawyerFirm Name: Chicago Volunteer Legal Services

Atty. for Petitioner: _____

Address : 100 N. LaSalle, Suite 900City/State/Zip: Chicago, IL 60602-2405Telephone : 312.332.1624

Judge

Judge's No.

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

**IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION**

ESTATE OF:

DOLLY DISABLED

A Disabled Person

No: 02 P 1000

Docket: 1111

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FIRST ACCOUNT

NOW COMES Gilda Guardian, by and through her attorney, Larry Lawyer of Chicago Volunteer Legal Services, and states under penalties of perjury that the following is a true and accurate account of the FIRST ACCOUNT of this estate and in support thereof states as follows:

1. That Gilda Guardian was appointed as Guardian of the person and estate on 5/15, 2002.
2. That this FIRST ACCOUNT covers the period from that date through 6/1 2003.

Inv No	Date	Inventory	
1		Real Estate, commonly known 900 Judson, Evanston IL 60202 Legally described as: The South Fifty (50) feet of the North One Hundred (100) feet of Lots (11) and (12) in Block (7) in Greenleaf's Resubdivision of Block Four (4) , in Evanston Township, in Township Forty-Two (42) North, Range Thirteen (13) East of the Third Principal Meridian in Cook County, Illinois. Sold per court order for 100,000 Closing Statement Attached (Phantom)	100,000
2		Bank Account Evanston Bank Savings No. 22431-9 Dolly Disabled, individually	50,000
3		Bank Account - Bank of America Checking No. 47715 Dolly Disabled, Individually	3,500
4		Miscellaneous Household Furnishings Sold 6/1/02 per court order for 1000	1,000
5		Automobile 1965 Ford Mustang - On Blocks in garage Sold per court order for 1000	5,500
		Total Personal Assets	60,000
		Total Real Estate	100,000
6		Social Security Monthly Benefit \$1000 - Annual Amount	

RECEIPTS

12/31/02 Annual Income on Savings Account Evanston Bank	300
10/1/02 Nursing Home Grant	250
8/1/02 Refund Telephone Bill	25
8/1/02 Refund Car Insurance	300
8/1/02 Refund Fire House Insurance	100
12/1/02 Social Security @ 1000 per month	12000
3/1/02 Sale of Car	5500
4/1/02 Net Proceeds Sale of Home	100,000
4/1/02 Net Proceeds Sale of Household Goods	1000

Sub-Total Income	119475
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DISBURSEMENTS

7/1/02 Repairs to House to Prepare for Sale per court order	7000
8/1/02 Final Electric Bill	450
7/1/02 Final Telephone Bill	200
7/1/02 Final Gas Bill	750
6/1/02 Cost Dumpster Remove Debris from Basement	600
1/12/02 Nursing Home Costs \$5000 per month	60000
12/1/02 Attorney Fees Per Court Order	3000

Sub-Total Expenses	72000
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RECAPITULATION

Beginning Inventory Personal Property	60000
Plus RECEIPTS	119475

Sub-Total	179475
Less DISBURSEMENTS	72000

Sub-Total	107475
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Ending Inventory

Evanston Bank Savings Account 224139	90,000
Bank of America Checking 47713	17,475
Social Security Monthly Income 1,000	

Total Ending Inventory	107,475
------------------------	---------

Respectfully Submitted,

Gilda Guardian

State of Illinois)
)
County of Cook) SS:

I, Gilda Guardian, state that I have read the foregoing FIRST ACCOUNT in this matter, and state under penalties provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure, that I certify that the statements set forth in this instrument are true and correct.

Gilda Guardian

SIGNED and SWORN to
before me this _____
day of _____,
2003.

Notary

Larry Lawyer
Attorney for Gilda Guardian
Chicago Volunteer Legal Services
100 N. LaSalle #900
Chicago IL 60602
312-332-1624
Atty No. 91139

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

DOLLY DISABLED

Deceased

No: 02 P 1000Docket: 1111Page: 1111

ORDER OF DISCHARGE

On presentation of the final account of Dolly Disabled

due notice having been given to, all persons entitled thereto, the court having been
 (given to) (waived by)
 advised that all acts necessary in the proper administration of the estate have been performed
 according to law, and that the estate has been distributed to the person(s) entitled thereto.

It is ordered that the final account is approved and Gilda Guardian
 (name)

guardian of the estate and person, is discharged and the bond canceled, and the estate
 (office)

is closed. [] 4049

_____,
 ENTER:

Judge_____
Judge's No.

Attorney Name Larry Lawyer
 Firm Name: Chicago Volunteer Legal Services
 Attorney for Petitioner
 Address: 100 North LaSalle, Suite 900
 City & Zip: Chicago, IL 60602
 Telephone: (312) 32-1624
 Attorney No. 91139

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

ESTATE OF

No: 02 P 1000Dolly DisabledDocket: 1111

Alleged Disabled Person

Page: 1111

Hearing on petition set for
 _____, 19____
 _____ .m., Room
 Richard J. Daley center
 Chicago, Illinois 60602

Gilda Guardian, on oath states:

1. Dolly Disabled, whose date of birth is June 5, 1935 and place of residence is 123 Big Lane, Chicago, Illinois 60602, is a disabled person.
2. The relationship to and interest of the petitioner in the respondent is: Mother.
3. The reason for the guardianship is that the respondent is a disabled person due to: Schizophrenia, chronic paranoid type and because of such disability* ~~(a) lacks sufficient understanding or capacity to make or communicate responsible decisions concerning the care of the respondent's person;~~ (b) is unable to manage the respondent's estate or financial affairs.
4. a. The approximate value of estate: Personal in excess of \$2,000.00 Real none
 b. The anticipated gross annual income and other receipts of the respondent are \$ none
5. The names and post-office addresses of the respondent's nearest relatives and guardian, if any, are listed on Exhibit A attached hereto and made a part of this petition. (List spouse and adult children; if none, the respondent's parents and adult brothers and sisters; if none, nearest kindred.)
6. The name and address of the person with whom, or the facility in which the respondent is residing is:
Gilda Guardian 123 Big Lane, Chicago, IL 60601

Petitioner asks that: (a) Dolly Disabled be adjudged a disabled person;

(b) Gilda Guardian

(name)

(address)

Chicago, Illinois 60602age 55 years, Housewife;

(city & state)

(occupation)

qualified and willing to act; be appointed as *limited* guardian of the respondent's estate and person

(estate)

(estate and person)

(c) _____.

(name)

(address)

age _____ years,

(city and state)

(occupation)

qualified to act, be appointed as guardian of the person only.

Atty Name Larry Lawyer

Firm Name Chicago Volunteer Legal Services

Attorney for Petitioner

Address 100 N. LaSalle Street, Suite 900

City & Zip Chicago, Illinois 60602

Telephone (312)332-1624

Atty No. 91139

*Strike if not applicable.

Petitioner

Address 123 Big LaneCity Chicago, Illinois 60602

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

Notary Public

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT, PROBATE DIVISION

ESTATE OF

No: 98 P 1000

DOLLY DISABLED,

A Disabled Person

Docket: 1111

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ORDER APPOINTING LIMITED GUARDIAN FOR DISABLED PERSON

On the verified petition of Gilda Guardian for an adjudication of disability and the appointment of a guardian for the estate

(estate and person)

(estate)

(person)

of the above named disabled person, the Court, having heard the evidence presented, finds:

1. That respondent is a disabled person and

~~*a. lacks some but not all the understanding or capacity to make or communicate responsible decisions concerning the care of respondent's person;~~

*b. lacks some but not all of the ability to manage respondent's estate or financial affairs.

2. The factual basis for the finding of the Court is as follows:

Based on the physician's report of Dave Doctor, MD after examination of the respondent on August 12, 1998 diagnosing schizophrenia, chronic paranoid type, stating respondent is partially incapable of making financial decisions. Also based on the report of GAL, Bill Roe, and testimony of the parties.

IT IS HEREBY ORDERED THAT:

A. Dolly Disabled is appointed limited guardian of the estate of the disabled person.

[] 4221 (estate)

[] 4223(estate and person)

B. _____ is appointed limited guardian of the person of the disabled person. [] 4222

~~C*. (If a limited guardian of the person is appointed)~~

~~—The authority specifically conferred on the guardian is as follows: [] 4281~~

D*. (If a limited guardian of the estate is appointed)

The authority specifically reserved to the ward is as follows: [] 4281

The authority to manage his person and estate, except for managing in regards to the Forcible Entry and Detainer action currently pending, and except for procuring and maintaining reasonable housing and paying rent therefore.

E*. The legal disabilities to which the disabled person is subject are as follows:

Financing, procuring, maintaining housing, including paying rent, for which the guardian is solely responsible.

F. Letters of limited guardianship shall issue in accordance with the provisions of this order.

Name: Larry Lawyer

Firm Name: Chicago Volunteer Legal Services

Attorney for Petitioner

Address: 100 North LaSalle, Suite 900

City & Zip: Chicago, Illinois 60602

Telephone: 312.332.1624

Attorney Code No. 91139

*Strike if not applicable

ENTER: _____

Judge_____
Judge's No