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

| ) |               |
|---|---------------|
| ) | No. 2025-P-01 |
| ) |               |

## AMENDED GENERAL ORDER

On and after September 16, 2025, pursuant to 755 ILCS 5/24-20, the following process shall be used in Decedent Estates in the Circuit Court of Cook County for the deposit of unclaimed money:

- 1. If a ward, a missing or recalcitrant heir or legatee, or unknown heir, a distributee of an estate, or a claimant cannot be found or a receipt cannot be obtained from him or her, the attorney for the estate by leave of Court shall report and remit that person's share of the money to the State Treasurer for disposition under the Revised Uniform Unclaimed Property Act, 765 ILCS 1026/15-101.
- 2. If the deposit, or a portion of the deposit, is to be made on an Order Declaring Heirship finding an unknown heir, then the Order for deposit shall also provide that "no withdrawals from the State Treasurer shall be made for the share of the unknown heir without further order of this Court" as the power to ascertain and declare a decedent's heirship is subject to determination of the Court under 755 ILCS 5/5-3.
- 3. Before reporting to the State Treasurer, the estate attorney shall file and present a motion before the Court seeking leave to deposit the unclaimed funds with the State Treasurer with proof of notice to all interested persons. The estate attorney shall provide the Court and Treasurer with information, **if known**, about the missing or recalcitrant heir or legatee including date of birth, date of death, alias or other names used and their last known address.
- 4. After the judge approves the motion and schedules a return date, the estate attorney shall contact the Illinois State Treasurer's Manager for Compliance at UP\_Report@illinoistreasurer.gov.
- 5. To assist in completing the State Treasurer's procedure, the estate attorney should fill out and provide the Manager for Compliance with the attached Receipt on Distribution. After the funds are deposited and the representative for the State Treasurer signs the Receipt on Distribution, the estate attorney shall present the Court with the completed Receipt on Distribution on the return date and provide the Court with a status on closing the estate under 755 ILCS 5/28-11.

Dated: September 16, 2025

Judge Daniel B. Malone-2012

SEP 16 2025

MARIYANA T. SPYROPOULOS CLERK OF THE CIRCUIT COURT OF COOK COUNTY. II Enter

Daniel B. Malone

# 212

Presiding Judge - Probate Division

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

| In re Estate of:                         | )  |                       |  |
|--|--|-----------------------|--|
|  | ) ) Case No.                             |                       |  |
| Deceased,                                | ) ) Calendar:                            |                       |  |
| RECI                                     | EIPT ON DISTRIBUTION                     |                       |  |
| I, the undersigned Illinois State Treasu | rer's representative, acknowledge rec    | eipt of the           |  |
| amount of \$,                            | for the Estate of                        |                       |  |
| from the Estate attorney:                |  |                       |  |
| Check/Transfer number                    | issued by                                |                       |  |
| From the Estate account                  | , dated                                  | , in the              |  |
| amount of \$                             |  |                       |  |
| Name of the ward, missing, recalcitran   | nt or unknown heir, or distributee of th | ne estate or claimant |  |
| who cannot be found or receipt cannot    | be obtained from:                        |                       |  |
|  |  |                       |  |
| Attorney filing form                     | IL State Treasurer's rep                 | <u>oresentative</u>   |  |
| Atty Name                                | Name                                     |                       |  |
| Firm Name                                | Title                                    |                       |  |
| Atty for                                 | Date                                     |                       |  |
| Address                                  | By                                       |                       |  |
| City & Zip                               | Signa                                    | Signature             |  |
| Telephone                                |  |                       |  |
| ARDCN-                                   |  |                       |  |