

# Certification of Educational Qualification



**State of Illinois**  
**Property Tax Division - Assessment Education**  
**Department of Revenue**

This certifies that SHIRLEY A WILLISON has met the educational qualifications needed for the following responsibilities in regards to the office of Multi-Township Assessor in EAST OAKLAND / MORGAN, COLES County:

- to be appointed to fill a vacancy in the office; or
- to enter upon the duties of the office; or
- to file nomination papers for the office; or
- to participate as a candidate in any primary or general election for the office; or
- to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from 02/01/2024 through 12/31/2026.



Brian Replogle

Certifying Authority

02/01/2024

PROPERTY TAX DIVISION  
ASSESSMENT EDUCATION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033  
[rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)



## Illinois Department of Revenue

# Certification Application for elected, appointed, or contracted Assessors

Please complete this form and submit it to the Illinois Department of Revenue (IDOR) when you have met your qualification requirements to be elected, appointed, or contracted to an Assessor position. After verification, IDOR will send you the necessary certification for filing with the appropriate local officials.

## Step 1: Indicate the certification for which you are applying (choose one and complete the applicable information)



### Township or Multi-Township Assessor

Were you elected previously?

Jurisdiction: E Oakland & Morgan TwpsTownship/Multi-Township of Candidacy: E Oakland & Morgan TwpsIn County of: Coles

Position Type:



### Supervisor of Assessments

County of Candidacy: \_\_\_\_\_

Position Type:



## Step 2: Indicate your intent and time frame



I plan to be appointed or enter into a contract on (month and year) \_\_\_\_ / \_\_\_\_

I plan to file nominating papers or participate in a caucus in (year) 2025

## Step 3: Complete the following information

Name: Shirley A WillisonSocial Security Number: XXX-XX-XXXX

Home Address: \_\_\_\_\_

County of Residency: Coles

City: \_\_\_\_\_

State: IL

Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Step 4: Sign below

I state that to the best of my knowledge, the information contained on this application is true, correct, and complete.

[Signature]  
Signature

01/23/2024

Date

## Step 5: Return this form via mail, email, or fax:

Illinois Department of Revenue  
Assessment Education Section  
PO Box 19033  
Springfield, IL 62794-9033

Email: [Rev.PropTaxEd@illinois.gov](mailto:Rev.PropTaxEd@illinois.gov)  
Fax: 217 782-9932

### FOR IDOR USE ONLY

Designation Type: CIAODate Earned: 11/04/2011Valid Through: 12/31/2026Certified from 02/01/2024through 12/31/2026Date: 02/01/2024By: BReplogle

# Certification of Educational Qualification




**State of Illinois**  
**Property Tax Division - Assessment Education**  
**Department of Revenue**

This certifies that SHIRLEY A WILLISON has met the educational qualifications needed for the following responsibilities in regards to the office of Multi-Township Assessor in EAST OAKLAND / MORGAN, COLES County:

- to be appointed to fill a vacancy in the office; or
- to enter upon the duties of the office; or
- to file nomination papers for the office; or
- to participate as a candidate in any primary or general election for the office; or
- to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from 05/03/2018 through 12/31/2019.

  
Adrienne Suits Bailey  
Certifying Authority  
12/03/2018

PROPERTY TAX DIVISION  
ASSESSMENT EDUCATION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033  
[rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)

# Pre-election/Pre-appointment Certification Application

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

Indicate the certification for which you are applying

☒ Township assessor

CIAO X

Introductory \_\_\_\_\_

Were you elected previously? ☒ Yes ☐ No Jurisdiction East Oakland & Morgan Townships

☐ Supervisor of assessments

Indicate the position

☒ Appointed

☐ Elected

☐ Contractual

CIAO → 12/31/2022 ✓

CE → 05/03/18 15 hr E

~~07/26/18 15 hr E~~

3/1/2018 15 hr E

Indicate your time frame and intent

☒ I plan to be appointed or enter into a contract on (write month and year) 1 2 / 2 0 1 8

☐ I plan to file nominating papers in (write year) \_\_\_\_\_

☐ I plan to participate in a caucus in (write year) \_\_\_\_\_

Tell us the following information about yourself

Name Shirley Willison

Social Security number [REDACTED]

Number and street [REDACTED]

Township of candidacy East Oakland

City [REDACTED]

State IL ZIP [REDACTED]

County of candidacy Coles

Fax number (217) 346-2213

E-mail address [REDACTED]

Home phone [REDACTED]

Work phone [REDACTED]

Cell phone [REDACTED]

Sign here [REDACTED]

Signature [REDACTED]

Date 12/3/2018

Mail this form to: ASSESSMENT EDUCATION UNIT MC 4-500  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Call us at: **217 785-6636**

or fax: **217 782-9932**

or e-mail: **rev.proptaxed@illinois.gov**

For Illinois Department of Revenue Use Only

Certified

5/3/18-12/31/19

Date

12/3/18 ASB

# Certification of Educational Qualification



**State of Illinois**  
**Property Tax Division - Assessment Education**  
**Department of Revenue**

This certifies that SHIRLEY A WILLISON has met the educational qualifications needed for the following responsibilities in regards to the office of Multi-Township Assessor in EAST OAKLAND / MORGAN, COLES County:

- to be appointed to fill a vacancy in the office; or
- to enter upon the duties of the office; or
- to file nomination papers for the office; or
- to participate as a candidate in any primary or general election for the office; or
- to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from 08/23/2019 through 12/31/2022.

A black rectangular redaction box covering the signature area.

*by KER*

Adrianne Suits Bailey

Certifying Authority

12/02/2020

PROPERTY TAX DIVISION  
ASSESSMENT EDUCATION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033  
[rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)

## Pre-election/Pre-appointment

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

### Indicate the certification for which you are applying

☐ Township assessor

CIAO \_\_\_\_\_

Introductory \_\_\_\_\_

Were you elected previously? ☐ Yes ☒ No Jurisdiction \_\_\_\_\_

☐ Supervisor of assessments

### Indicate the position

☐ Appointed

☐ Elected

☒ Contractual

### Indicate your time frame and intent

☐ I plan to be appointed or enter into a contract on (write month and year) \_\_\_\_ / \_\_\_\_

☐ I plan to file nominating papers in (write year) \_\_\_\_

☒ I plan to participate in a caucus in (write year) 2 0 2 0

### Tell us the following information about yourself

Name Shirley A Willison

Social Security number \_\_\_\_\_

Number and street \_\_\_\_\_

Township of candidacy E Oakland & Morgan Twps

City \_\_\_\_\_ State IL ZIP \_\_\_\_\_

County of candidacy COLES

Fax number (217) 463-1437

E-mail address \_\_\_\_\_

Home phone (217) \_\_\_\_\_

Work phone (217) 465-4141

Cell phone (217) \_\_\_\_\_

Sign here \_\_\_\_\_

Signature \_\_\_\_\_

Date 12-2-2020

Mail this form to: ASSESSMENT EDUCATION UNIT MC 4-500  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Call us at: 217 785-6636

or fax: 217 782-9932

or e-mail: rev.proptaxed@illinois.gov

For Illinois Department of Revenue Use Only

Certified CIAO Date 11/4/11

Illinois Department of Revenue Education Program Page 29



# Certification of Educational Qualification



**State of Illinois**  
**Property Tax Division - Assessment Education**  
**Department of Revenue**

This certifies that SHIRLEY A WILLISON has met the educational qualifications needed for the following responsibilities in regards to the office of Multi-Township Assessor in EAST OAKLAND / MORGAN, COLES County:

- to be appointed to fill a vacancy in the office; or
- to enter upon the duties of the office; or
- to file nomination papers for the office; or
- to participate as a candidate in any primary or general election for the office; or
- to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from 05/03/2018 through 12/31/2018.

[Redacted Signature]  
Adrianne Suits Bailey  
Certifying Authority  
05/29/2018

PROPERTY TAX DIVISION  
ASSESSMENT EDUCATION  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033  
[rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)

# Pre-election/Pre-appointment Certification Application

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

## Indicate the certification for which you are applying

☒ Township assessor

CIAO X

Introductory \_\_\_\_\_

Were you elected previously? ☒ Yes ☐ No

Jurisdiction East Oakland & Morgan Townships

☐ Supervisor of assessments

*CIAO → 12/31/18*

## Indicate the position

☒ Appointed

☐ Elected

☐ Contractual

*CE 03/01/18 15 hr. E NI  
5/3/18 15 hr. E*

## Indicate your time frame and intent

☒ I plan to be appointed or enter into a contract on (write month and year) 0 1 / 2 0 1 9.

☐ I plan to file nominating papers in (write year) \_\_\_\_\_.

☐ I plan to participate in a caucus in (write year) \_\_\_\_\_.

## Tell us the following information about yourself

Name Shirley Willison

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Number and street \_\_\_\_\_

Township of candidacy East Oakland

City \_\_\_\_\_ State IL ZIP \_\_\_\_\_

County of candidacy Coles

Fax number (217) 346-2213

E-mail address \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

## Sign here

Signature \_\_\_\_\_

Date March 8, 2018

**Mail this form to:** ASSESSMENT EDUCATION UNIT MC 4-500  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Call us at: **217 785-6636**

or fax: **217 782-9932**

or e-mail: **rev.proptaxed@illinois.gov**

For Illinois Department of Revenue Use Only

Certified 5/3/18-12/31/18 Date 5/29/18 ASB



# Certification of Educational Qualification



## State of Illinois Department of Revenue Local Government Services Bureau

This certifies that **SHIRLEY A. WILLISON** has met the educational qualifications needed for the following responsibilities in regard to the office of assessor in **EAST OAKLAND/MORGAN** Multi-township, in **COLES** County, Illinois:

- ◆ to be appointed to fill a vacancy in the office; or
- ◆ to enter upon the duties of the office; or
- ◆ to file nomination papers for the office; or
- ◆ to participate as a candidate in any primary or general election for the office; or
- ◆ to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from **MAY 1, 2012** through **DECEMBER 31, 2013**.



Jo Ellen Mahr  
Certifying Authority  
August 1, 2012

Local Government Services Bureau  
PO Box 19033  
Springfield, IL 62794-9033  
217/782-2818

**Pre-election/Pre-appointment Certification Application**

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

**Indicate the certification for which you are applying**☒ Township assessorCIAO ☒

Introductory \_\_\_\_\_

Were you elected previously? ☐ Yes ☒ No

Jurisdiction \_\_\_\_\_

☐ Supervisor of assessments**Indicate the position**☐ Appointed☒ Elected☐ Contractual

*CIAO designation  
15/15 30 hrs (last class  
5/1/12)*

**Indicate your time frame and intent**☐ I plan to be appointed or enter into a contract on (write month and year) \_\_\_\_\_ / \_\_\_\_\_☒ I plan to file nominating papers in (write year) 2012☐ I plan to participate in a caucus in (write year) \_\_\_\_\_**Tell us the following information about yourself**Name Shirley A. Willison

Social Security number \_\_\_\_\_

Number and street \_\_\_\_\_

Township of candidacy East OaklandCity \_\_\_\_\_ State IL ZIP \_\_\_\_\_County of candidacy ColesFax number (217) 346-2213

Email address \_\_\_\_\_

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Sign here \_\_\_\_\_

Signature \_\_\_\_\_

Date 8-1-2012

Mail this form to: ASSESSMENT EDUCATION UNIT MC 4-500  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Call us at: 217 782-2818  
or fax: 217 782-9932  
or email: [rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)

For Illinois Department of Revenue Use Only

Certified \_\_\_\_\_ Date \_\_\_\_\_

# Certification of Educational Qualification



## State of Illinois Department of Revenue Local Government Services Bureau

This certifies that **SHIRLEY A WILLISON** has met the educational qualifications needed for the following responsibilities in regard to the office of assessor in **MORGAN/EAST OAKLAND** Multi-Township, in **COLES** County, Illinois:

- ◆ to be appointed to fill a vacancy in the office; or
- ◆ to enter upon the duties of the office; or
- ◆ to file nomination papers for the office; or
- ◆ to participate as a candidate in any primary or general election for the office; or
- ◆ to be elected to the office.

These educational requirements are described in Section 2-45 of the Property Tax Code. This certification is valid from **NOVEMBER 4, 2011** through **DECEMBER 31, 2012**.



Jo Ellen Mahr  
Certifying Authority  
December 13, 2011

Local Government Services Bureau  
PO Box 19033  
Springfield, IL 62794-9033  
217/782-2818

## Pre-election/Pre-appointment

## Certification Application

Please complete this form and return it to the department when you have met your pre-election/pre-appointment qualification requirement. After verification, the department will send you the necessary certification for filing with your local election officials.

**Indicate the certification for which you are applying**

- ☐
- Township assessor

CIAO ✓

Introductory \_\_\_\_\_

Were you elected previously? ☐ Yes ☒ No

**Jurisdiction** \_\_\_\_\_

- ☐
- Supervisor of assessments

**Indicate the position**

- ☒
- Appointed

- ☐
- Elected

- ☐
- Contractual

CIAO 11/7/11

**Indicate your time frame and intent**

- ☐ I plan to be appointed or enter into a contract on (write month and year) 11/2011.

- ☐ I plan to file nominating papers in (write year) \_\_\_\_\_

- ☐ I plan to participate in a caucus in (write year) \_\_\_\_\_

**Tell us the following information about yourself**

Name Shirley A. Willison

Social Security number

Number and street

Township of candidacy E. Oakland & Morgan

City \_\_\_\_\_ State IL ZIP \_\_\_\_\_

County of candidacy Coles

Fax number 217-346-2213

Email address

Home phone

Work phone

Cell phone

**Sign here**

Signature \_\_\_\_\_

Date \_\_\_\_\_

11-14-2011

**Mail this form to:**

ASSESSMENT EDUCATION UNIT MC 4-500  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19033  
SPRINGFIELD IL 62794-9033

Call us at: 217 782-2818

or fax: **217 782-9932**

or email: [rev.proptaxed@illinois.gov](mailto:rev.proptaxed@illinois.gov)

For Illinois Department of Revenue Use Only

Certified

Date \_\_\_\_\_