

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI - PROBATE DIVISION

AT \_\_\_\_\_

IN THE ESTATE OF

ESTATE NUMBER

\_\_\_\_\_,  
Deceased.

\_\_\_\_\_

APPLICATION FOR LETTERS TESTAMENTARY  
APPLICATION FOR LETTERS OF ADMINISTRATION WITH WILL ANNEXED  
(Sec. 473.017, RSMO)

Now comes \_\_\_\_\_ and on oath states that deceased, age \_\_\_\_\_ years, sex \_\_\_\_\_, died \_\_\_\_\_ testate,  
whose last residence was \_\_\_\_\_, and whose domicile was.

(County and State)

That the personal representative \_\_\_\_\_ named in the will

NAME:

RESIDENCE:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

That the value of deceased's estate is: Personal Property \$ \_\_\_\_\_. Real property, \$ \_\_\_\_\_ (If deceased  
not domiciled in Missouri: value of tangible personal property located in \_\_\_\_\_ County, Missouri is \$ \_\_\_\_\_ and  
of real property in Missouri which may be subject to administration in Missouri is \$ \_\_\_\_\_).

That applicant believes there (are) (are not) heirs whose names and addresses are unknown to applicant.

That the names, relationships to the decedent, and residence addresses of the surviving spouse, heirs and  
devisees, legatees and lineal descendants of devisees who were relatives of and predeceased the testator, if any,  
with an indication of those believed by the applicant to be of unsound mind and the birth dates of those who are  
minors, and, so far as is know to the applicant, the names and addresses of the guardians of any minor or  
incompetent devisees, legatees or heirs, including the surviving spouse, and all contingent beneficiaries of any  
testamentary trust, and their relationship, are set forth in Appendix A attached hereto.

That this application is made for \_\_\_\_\_ administration.

\* That \_\_\_\_\_, a Missouri resident, has been designated as resident agent for service of process within the state of Missouri and the designation and acceptance is attached hereto

That the refusal to qualify by a named personal representative and/or the renunciation of the right to administer are set forth in Appendix B attached hereto.

That if letters are issued, the applicant will make a perfect inventory of the estate, pay the debits and legacies, if any, as far as the assets extend and the law directs and account for and distribute or pay all assets which come into the possession of the personal representative, and perform all things required by law touching the administration of the estate.

WHEREFORE, applicant prays that letters. \_\_\_\_\_ be granted to applicant.

Applicant requests Notice of Letters be published in \_\_\_\_\_.

The undersigned swears that the matters set forth in the foregoing application are true and correct according to the undersigned's best knowledge and belief subject to penalty for making a false affidavit or declaration.

_____	_____	_____
(Application)	(Address)	(Telephone)
_____	_____	_____
(Application)	(Address)	(Telephone)

ATTORNEY FOR ESTATE: (Give firm name and name of individual attorney who will represent the firm:

\_\_\_\_\_ MO Bar No. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

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

FAX NUMBER: (\_\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

\* Use if applicable

APPENDIX A

IN THE ESTATE OF

ESTATE NUMBER

NAME* (Including guardians)	RELATIONSHIP	ITEM OF WILL	BIRTH DATE (If Minor)	RESIDENCE ADDRESS (Give Zip Code)
(Surviving Spouse -		State if none.)		

NOTE: If no unmarried minor children, then so state under "NAME".

List below heirs at law **NOT** mentioned in Will; show relationship to the decedent and to any deceased persons through whom they inherit:

NAME	RELATIONSHIP (Birth Date If Minor)	RESIDENCE ADDRESS (Street & Zip)

(Attach additional sheets if necessary)

