



OWNER(S) PRIOR TO THE SALE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

LEGAL DESCRIPTION: \_\_\_\_\_

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

APPLICANT(S) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**APPLICANT'S RELATIONSHIP TO OWNER**

- HEIR(S) (ATTACH COPY OF THE PROBATE ORDER, ETC.)
- BENEFICIARY OF DEED OF TRUST (ATTACH COPY OF RECORDED DEED OF TRUST)
- LIEN HOLDER (PROVIDE INFORMATION REGARDING THE LIEN)
- OTHER (EXPLAIN RELATIONSHIP TO PREVIOUS OWNER AND REASON FOR ENTITLEMENT TO PROCEEDS)

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

ATTORNEY (only required under certain conditions)

Name: \_\_\_\_\_

Bar Number: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Date

NOTE: Certain entities, including associations, partnerships, limited liability companies and corporations cannot represent themselves in Court (see RSMo § 484.020.1). In addition, individuals may desire to have legal counsel assist them in this process. Whenever legal counsel becomes involved in the matter the representing attorney shall complete an Entry of Appearance form found on the [16thcircuit.org](http://16thcircuit.org) website, Civil Process Department, Civil Process Forms.

THERE ARE NO COURT COSTS OR FEES TO FILE THIS APPLICATION