

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

AT _____

IN THE ESTATE OF _____

ESTATE NUMBER _____

_____,
Deceased.

**PETITION OF INTERESTED PARTY FOR
ORDER TO REQUIRE ADMINISTRATION
(Sec. 473.020, RSMo.)**

The undersigned petitioner, a person interested in the above estate, being first duly sworn deposes and states:

1. The above named person died on _____ (More than 20 days before the filing of this petition.) The petitioner is informed and believes that said decedent was domiciled in Jackson County, Missouri, residing at _____. (Or that for the following reasons this court would have jurisdiction over the administration of said estate): _____

2. The names and addresses of the persons designated as personal representatives in the written will of the decedent presented for probate, and the names addresses and relationships to the decedent of the decedent's heirs as is known to the petitioner are set forth in Exhibit A attached hereto.

3. The petitioner is interested in said estate as (a) a creditor of the decedent; (b) a claimant to property held by decedent. A claim, supported by an affidavit, setting forth the basis of the claim against the decedent is set forth in Exhibit B attached hereto.

WHEREFORE, petitioner prays that the court order the issuance of letters testamentary or of administration to the person found by the court to be entitled thereto, if any, and who applies and qualifies therefor within such time as is allowed by the court, but, on default of such application and qualification, to issue letters to some other person found suitable who applies and qualifies therefor.

The undersigned swears that the matters set forth in the foregoing document are true and correct to the best knowledge and belief of the undersigned subject to the penalties of making a false affidavit or declaration.

Dated: _____.

Petitioner: _____

Address: _____

Telephone Number: (____) _____

Attorney for Petitioner: _____ MO BAR No _____

Address: _____ / _____

Zip

Telephone Number: (____) _____ Fax Number: (____) _____

E-Mail Address: _____

[Form 10001]