

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

IN THE ESTATE OF

ESTATE NUMBER

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

\_\_\_\_\_

APPLICATION FOR LETTERS OF ADMINISTRATION  
(Sec. 473.017 RSMO)

Now come(s) and on oath \_\_\_\_\_ state(s) that deceased, age, \_\_\_\_\_ years, sex, \_\_\_\_\_,  
died on \_\_\_\_\_ intestate, whose last residence was:

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City	County	State	Street Address
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and whose domicile was \_\_\_\_\_. That the value of deceased's estate is:

State

Personal property \$\_\_\_\_\_; Real property \$\_\_\_\_\_. (If deceased not domiciled in Missouri, state  
following: Value of personal property located in Jackson County, Missouri is \$\_\_\_\_\_ and of real  
property in \_\_\_\_\_, Missouri which may be subject to administration in Missouri is \$\_\_\_\_\_.)

That the names, relationships to the decedent, and residence addresses of the surviving spouse and heirs, with an indication of those believed by applicant(s), to be mentally incapacitated, and the birth dates of those who are minors, and, so far as is known to applicant(s), the names and addresses of the conservators of those who are minors or disabled, are as listed in Appendix A attached hereto and incorporated herein by this reference.

Form 10030

That this application is made for (supervised) (independent) administration.

\* That \_\_\_\_\_ residing at \_\_\_\_\_ has been designated as resident agent for service of process within the state of Missouri. (Designation is attached hereto.)

That applicant (s) \_\_\_\_\_ entitled to administer said estate because \_\_\_\_\_ relationship to decedent is:

\_\_\_\_\_  
(state other facts which entitle applicant to appointment)

That if letters are issued, applicant(s) will make a perfect inventory of the estate, pay all the debts, if any, as far as the assets will extend and the law directs, and account for and distribute or pay all assets which come into (his) (her) (their) possession and perform all things required by law touching the administration.

WHEREFORE, applicant(s) pray(s) that Letters of Administration be granted on the above named decedent's estate.

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.

Applicant: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

Applicant: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

ATTORNEY FOR ESTATE; (Give firm name and name of individual attorney who will represent the firm.)

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

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

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_.

E-Mail Address \_\_\_\_\_

NOTE: Personal representative and/or attorney must notify clerk if it is learned that the application is incomplete or incorrect.

ESTATE NUMBER

\_\_\_\_\_

APPENDIX A

NAME (Including Conservators)	RELATIONSHIP (Surviving spouse – state if none)	BIRTH DATE (If Minor)	RESIDENCE ADDRESS (Zip Code Required)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Attach sheet for additional names or information)

\_\_\_\_\_

APPENDIX B

The undersigned persons entitled to administer the estate hereby renounce our right to administer the estate and request that letters of administration be issued to \_\_\_\_\_ whose address(es) is/are \_\_\_\_\_.

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SIGNATURE

RELATIONSHIP

RESIDENCE AND ZIP CODE

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