## IN THE CIRCUIT COURT OF JACKSON COUNTY MISSOURI

AT \_\_\_\_\_

## IN THE ESTATE OF

ESTATE NUMBER

Protectee Now Deceased.

## SUGGESTION OF DEATH OF PROTECTEE AND PETITION THAT NO LETTERS OF ADMINISTRATION BE GRANTED AND TO CLOSE THE ESTATE

Comes now the undersigned conservator of the above named protectee, now deceased, and shows the court as follows:

That said protectee died intestate on \_\_\_\_\_.

That said protectee left no debts for which the estate would be liable other than funeral expenses, estate taxes, obligations of the protectee incurred by the conservator and expenses of administration;

That the domicile of protectee was \_\_\_\_\_.

That the probable value of the protectee's estate is: Real property, \$ \_\_\_\_\_; Personal property \$

-----

That applicant believes there \*(are not) heirs whose name and addresses are known to the applicant;

That the names, relationships to decedent and residence addresses or the surviving spouse and heirs, with an indication of those believed by applicant to be Incapacitated or disabled, and the birth dates of those who are minors, and, so far as is known to applicant, the names and addresses of the guardians and conservators of those who are minors, incapacitated or disabled, are set forth in <u>Exhibit A</u> attached hereto and incorporated herein by this reference.

THEREFORE, applicant prays that no letters of administration be granted on the above estate and that the conservator be permitted to make distribution as provided in Sec. 475.320, RSMo.

\* Strike inapplicable

The undersigned swears that the matters set forth above 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:		
Applicant:		
Address:	//()	
Attorney:	Zip	Phone Number IO BAR No
Address:		
	Zip	Phone Number
Fax Number: ()	E-Mail Address:	
Form 10190		