IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT

KANSAS CITY  INDEPENDENCE

PROBATE DIVISION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IN THE ESTATE OF |  |  | ESTATE NUMBER | |
|  | , |  |  |  |
| Deceased. |  |  |  | |

**APPLICATION FOR LETTERS TESTAMENTARY**

**OR**

**APPLICATION FOR LETTERS OF ADMINISTRATION WITH WILL ANNEXED**

**(473.017 RSMO)**

Now come(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and on oath state(s) that deceased, aged \_\_\_\_\_ years, sex, \_\_\_\_\_\_, died on \_\_\_\_\_\_\_\_\_\_\_\_\_, testate, whose last residence address was \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and whose domicile was in \_\_\_\_\_\_\_\_\_\_\_\_\_\_ County, in the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

That the personal representative(s) named in the will is/are:

|  |  |  |
| --- | --- | --- |
| NAME: |  | RESIDENCE ADDRESS: |
|  |  |  |
|  |  |  |

That the probable value of deceased’s estate is: personal property $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; real property $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. (If deceased not domiciled in Missouri, state following: probable 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 applicant believes there are not heirs whose names and addresses are unknown to applicant.

That applicant believes there are heirs whose names and addresses are unknown to applicant.

That the names, relationships to the decedent, and the 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 applicant(s) to be mentally incapacitated, and the birth dates of those who are minors, and, so far as is known to the 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.

That this application is made for  supervised administration  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 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, applicant(s) will make a perfect inventory of the estate, pay all the debts and legacies, 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 their possession and perform all things required by law touching the administration of the estate.

Wherefore, applicant(s) pray(s) that Letters be granted on the above-named decedent’s estate, and that Notice of Letters Granted be published in the following legal newspaper:  The Daily Record  The Pulse  The Examiner.

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: |  | | Date: |  |
| Address: |  | | | |
| Phone No.: |  |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant: |  | | Date: |  |
| Address: |  | | | |
| Phone No.: |  |  | | |

|  |  |
| --- | --- |
| Attorney: |  |
| MO Bar No. |  |
| Address: |  |
| Phone No.: |  |  |
| Fax No.: |  |  |
| Email Add. |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In the Estate of |  |  | Estate Number |  |
|  | Deceased |  |  |  |

**APPENDIX A**

List below any legatees/devisees; include their name, address, article of the will, date of birth (if minor), conservator and conservator’s address (if minor or disabled).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: | |  |
| Address: |  | | | | |
| Relationship: |  | | Article No: |  | |
| Conservator: | (if minor or disabled) |  | | | |

Attach additional sheets if necessary.

**List below any heirs at law who are NOT listed as beneficiaries within the Will; show relationship to the decedent and to any deceased persons through whom they inherit; include their name, address, date of birth (if minor), conservator and conservator’s address (if minor or disabled).**

SPOUSE:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| None |  | |  |  |
| Name: |  | | Deceased. Date of Death: |  |
| Address: |  | | | |
| Conservator: | (if disabled) |  | | |

CHILDREN:

None

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | | If Minor, Date of Birth: |  |
| Address: |  | | | |
| Conservator: | (if minor or disabled) |  | | |
| Name: |  | | If Minor, Date of Birth: |  |
| Address: |  | | | |
| Conservator: | (if minor or disabled) |  | | |
| Name: |  | | If Minor, Date of Birth: |  |
| Address: |  | | | |
| Conservator: | (if minor or disabled) |  | | |
| Name: |  | | If Minor, Date of Birth: |  |
| Address: |  | | | |
| Conservator: | (if minor or disabled) |  | | |
| Name: |  | | If Minor, Date of Birth: |  |
| Address: |  | | | |
| Conservator: | (if minor or disabled) |  | | |

**If the decedent had no spouse or children:**

MOTHER:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |

FATHER:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |

SIBLINGS/DECEASED SIBLINGS CHILDREN:

**If there is a pre-deceased sibling, provide their date of death and their lineal descendants.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |
| Name: |  | Deceased. Date of Death: |  |
| Address: |  | | |

**If the decedent’s parents pre-deceased and the decedent had no siblings or their siblings pre-deceased without issue, please list the heirs at law as required per 473.017 and 474.010 RSMo.**

Attach additional sheets if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| In the Estate of |  |  | Estate Number |  |
|  | Deceased |  |  |  |

**APPENDIX B**

REFUSAL TO QUALIFY BY NAMED PERSONAL REPRESENTATIVE

I, the undersigned, being named personal representative of said will, refuse to qualify.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Signature.: |  | Date: |  |

RENUNCIATION OF RIGHT TO ADMINISTER ESTATE

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Relationship: |  | | |
| Signature.: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Relationship: |  | | |
| Signature.: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Relationship: |  | | |
| Signature.: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Relationship: |  | | |
| Signature.: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Address: |  | | |
| Relationship: |  | | |
| Signature.: |  | Date: |  |