

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT
 KANSAS CITY INDEPENDENCE
PROBATE DIVISION

IN THE MATTER OF

Estate Number _____

CHANGE OF ADDRESS/CONTACT INFORMATION

Name: _____

I certify that I am the abovenamed(check one):

- Guardian/Conservator/Personal Representative
- Attorney for Guardian/Conservator/Personal Representative
- Respondent/Other Interested Party
- Attorney for Respondent/Other Interested Party

Type of Change: Correction Update/Change of Address Additional Contact Information

Previous Address
Address: _____
City: _____ State: _____ Zip: _____

New Address/Updated Information
Last Name: _____
First Name: _____ Middle Name: _____
Address: _____
City: _____ State: _____ Zip: _____
*Email Address: _____
*Phone Number: _____

The undersigned swears that the matters set forth in the foregoing document are true and correct according to the undersigned's best knowledge and belief, subject to penalty for making a false affidavit or declaration.

Signature: _____ Date: _____

*Recommended in order to facilitate communication via email, teleconference, and/or video conference, in the event that those mechanisms of communication become necessary.