IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT

[ ]  KANSAS CITY [ ]  INDEPENDENCE

PROBATE DIVISION

IN THE ESTATE OF ESTATE NUMBER

Deceased.

**NOTICE OF FILING OF FINAL SETTLEMENT**

**AND PETITION FOR DISTRIBUTION**

(Sec. 473.587, RSMo)

You are hereby notified that on      , or as may be continued by the court, the undersigned personal representative will file in the Probate Division of Circuit Court of Jackson County, Missouri, at      , final settlement and petition for distribution of the estate and for determination of the persons who are the successors in interest to the personal and real property of the decedent and of the extent and character of their interests therein. Any objections or exceptions to such Final Settlement and Petition for Distribution or any item thereof must be in writing and filed within twenty days after the filing of such settlement.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Date |  Personal Representative |  Street Address |
|  |  |  |
|  |  |  City, State, Zip |
|  |  |  |
|  |  |  Phone |

|  |  |
| --- | --- |
|  |  |
|  Attorney |  Bar No. |
|  |  |
|   |  Street Address |
|  |  |
|  |  City, State, Zip |
|  |  |
|  |  Phone |
|  |  |
|  |  Email Address |

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI AT

[ ]  KANSAS CITY [ ]  INDEPENDENCE

PROBATE DIVISION

IN THE ESTATE OF ESTATE NUMBER

Deceased.

**PROOF OF MAILING OF COPY OF NOTICE OF FILING OF**

**FINAL SETTLEMENT AND PETITION FOR DISTRIBUTION**

(Sec. 473.587, RSMo)

The undersigned personal representative states that a copy of the Notice of Filing of Final Settlement and Petition for Distribution, was mailed by the undersigned on       by ordinary mail, according to law, to:

**NAME ADDRESS**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Date |  | Personal Representative |