

CIRCUIT COURT OF ST CHARLES COUNTY, MISSOURI
PROBATE DIVISION

Matter of _____, Deceased. No. _____
First Middle Last

APPLICATION FOR LETTERS OF ADMINISTRATION
(473.017 & 473.780 RSMo.)

I, _____ state to the Court that the deceased, whose last residence was _____, died intestate on _____, birth date _____, age _____ years, sex _____, and,

That the probable value of the deceased's estate is; Real Property \$ _____ and Personal Property \$ _____. (If deceased not domiciled in Missouri, state why venue is in Clay County.) _____

That the names, relationships to the decedent and, residence addresses of the surviving spouse and heirs, with an indication of those believed by applicant __, to be of unsound mind and the birth dates of those who are minors, and, so far as is known to applicant __, the names and addresses of the Guardian/Conservator of those who are minors or incapacitated/disabled, are as follows:

Name Include Spouse, Children, Parents, Lineal Descendants, Guardians/Conservators, Trustees	Relationship (thru whom)	Birthdate (if under 18)	(Complete Address)
	*Surviving Spouse		

That the applicant __ believe __ there are no heirs whose names and addresses are unknown to applicant __, except as stated above.

All beneficiaries survived the deceased by more than 120 hours, except as stated above.

(*If none, please so state)



That if Letters are issued, applicant ___ will make a complete inventory of the estate, pay all debts, if any, as far as the assets will extend and the law directs, and account for the pay out or distribute all assets which come into applicant's possession and perform all things required by law concerning the administration and;

That application is made for ****SUPERVISED --**INDEPENDENT** Administration.

WHEREFORE, applicant ___ request ___ that Letters of Administration be granted on the above named decedent's estate.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

Applicant Signature _____
 Address _____

 Phone # _____

Applicant Signature _____
 Address _____

 Phone # _____

Attorney: _____
REQUIRES A SIGNATURE
 Address _____
 Phone: _____ Bar No.: _____

RENUNCIATION OF RIGHT TO ADMINISTER

We, the undersigned entitled to administer on the estate of _____, deceased, hereby renounce our right to administer on the estate of said deceased, also, consent to ****SUPERVISED - INDEPENDENT** administration and request that Letters of Administration be issued to _____, whose address ****is --**are** _____
 We hereby waive or do not waive bond _____.

SIGNATURE	RELATIONSHIP	RESIDENCE

NOTE: Personal Representative must file an amended application if he learns that this one is incomplete or incorrect.

****strike if inapplicable**

