

CIRCUIT COURT OF ST CHARLES COUNTY, MISSOURI
 PROBATE DIVISION

No. _____

Matter of _____, deceased.
 (First) (Middle) (Last)

APPLICATION FOR LETTERS
 *TESTAMENTARY *OF ADMINISTRATION WITH WILL ANNEXED

I, _____, state to the court:

That the deceased, whose last residence address was _____,
 and whose domicile was _____; died testate on
 _____; birth date _____; age _____ years and sex _____.

The probable value of the deceased's estate is:
 Real Property \$ _____ and, Personal Property _____.

That the names, relationships to the decedent, and the resident addresses of the surviving spouse, heirs, devisees, legatees and lineal descendants of devisees who were relatives of and predeceased the testator, with an indication of those believed by the applicant ____ to be of unsound mind and the birth dates of those who are minors and, so far as is known to the applicant ____, the incapacitated/disabled are as follows:

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

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;
***PLEASE STATE IF NONE:** _____

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, account for and 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____ requests____ that Letters of Testamentary 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 No. _____

Applicant Signature _____
Address _____
Phone No. _____

Attorney for estate: _____
Requires a Signature
Address _____

Register No. _____
Phone No. _____

RENUNCIATION OF RIGHT TO ADMINISTER

We, the undersigned entitled to administer the estate of _____, deceased, hereby renounce our right to administer 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 / 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**