Exhibit B (Heirs)

IN THE _____ JUDICIAL CIRCUIT, _____ COUNTY, MISSOURI

Probate Division **Case Number: _____**

In the Matter of _____, Deceased.

(Date File Stamp)

*Any information that is not applicable should be marked as N/A on the name line.

SPOUSE OF DECEDENT:

Name _____ ☐ Deceased Date of Death: _____

Address: _____

LIVING CHILDREN OF DECEDENT:

Name of Child 1: _____

Address: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Child 2: _____

Address: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Child 3: _____

Address: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Child 4: _____

Address: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Child 5: _____

Address: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

DECEASED CHILDREN OF DECEDENT:

Name of Deceased Child 1: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Date of Death: _____. Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

_____

Name of Deceased Child 2: _____

Mutual child of Decedent and Spouse? ☐ Yes ☐ No

Date of Death: _____. Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

_____

ONLY COMPLETE – If decedent had no spouse or children/grandchildren:

MOTHER:

Name _____ ☐ Deceased Date of Death: _____

Address: _____

FATHER:

Name _____ ☐ Deceased Date of Death: _____

Address: _____

LIVING SIBLINGS

Name of Sibling 1: _____

Address: _____

Whole Sibling? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Sibling 2: _____

Address: _____

Whole Sibling? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Sibling 3: _____

Address: _____

Whole Sibling? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

Name of Sibling 4: _____

Address: _____

Whole Sibling? ☐ Yes ☐ No

Under Age 18? ☐ Yes ☐ No

DECEASED SIBLINGS

Name of Deceased Sibling 1: _____

Whole Sibling? ☐ Yes ☐ No

Date of Death: _____. Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

_____

Name of Deceased Sibling 2: _____

Whole Sibling? ☐ Yes ☐ No

Date of Death: _____. Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

_____

***Attach additional sheets if necessary.**

If the decedent had no spouse, children, or grandchildren and the decedent's parents pre-deceased and decedent had no siblings or their siblings pre-deceased without issue, provide the names, addresses, and the full blood relationship of any remaining heirs-at-law on a family tree attached to this form.