

## **APPLICATION OF CREDITOR FOR REFUSAL OF LETTERS**

Please read carefully the following information, checklist of requirements, and complete the forms provided for filing this application. You may file this Application **with or without an attorney** ("pro se") if you feel comfortable doing so. Clerks can generally assist you with these forms, but **Clerks may not give legal advice** nor answer personalized or specific legal questions. If everything has been filed and approved by the Judge, an **Order of Refusal of Letters** to Creditor will be issued. That Order entitles the creditor to collect the assets listed, pay any and all creditors, and then distribute any remaining property, if any, to the heirs.

**Please note the following requirements:**

1. The application must be filed within one year of the date of death.
2. The decedent (the deceased person) cannot have a surviving spouse or unmarried minor children.
3. The decedent cannot have an estate in excess of \$15,000.00. That is also the limit that can be transferred under a creditor's Refusal of Letters.
4. Real estate cannot be transferred under a creditor's Refusal of Letters.

### **Checklist of necessary filings:**

- ☐ **Confidential Case Filing Information Sheet** (attached)
  - ☐ **Application of Creditor for Refusal of Letters** (attached)
  - ☐ **Appendix A** - Summary of Assets of Decedent (attached)
  - ☐ **Redaction Certification** - Signed by filer (attached)
  - ☐ **Motion to Waive Bond** - (attached)
  - ☐ Or a corporate surety bond in the amount of the estate may be required by the Court.
    - o *Contact the clerk for more information.*
- 
- ☐ **Death Certificate.** *If a death certificate is delayed pending autopsy, or some other reason, please speak to a clerk about this.*
  - ☐ **Paid Funeral Bill** - *This can be filed after the case has started, but must be filed prior to issuance of the Order.*
  - ☐ **Proof of Being a Creditor** - Applicant is required to file proof of bills paid for the decedent. A receipt or bill that clearly shows the applicant/creditor's name as the person who paid the bill can be filed. The Court may ask for additional filings regarding proof that applicant is a creditor.
  - ☐ **The filing fee is \$70.50.** *If this is a financial hardship, you can ask a clerk for a form to request that the filing fee(s) be waived. If the fee is **not** ordered waived, the required filing fee is still \$70.50 before the case can be started.*

Please note that we DO NOT take personal checks or business checks. We do accept cash, card, money orders, cashier's checks.

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## **Checklist of filings that may need to be filed:**

- If decedent owned **vehicle**/mobile home/boat/trailer/etc.
  - Certificate of title
  - Verification of value (some people file the Kelley Blue Book valuation)
  - Proof of a car loan/mortgage (if applicable)
- If there are **checks** in decedent's name or entitled to decedent's estate.
  - Copy of the Check, front and back.
- If decedent owned **bank account(s)**, 401(k), brokerage, IRA, etc.
  - Proof of value if possible/Verification of Balances (form is on website)
  - Account number if possible.
  - Recent Bank Statement if possible.
  - If applicable, number of stocks and fair market value of the stock.
- If there are **debts/loans**/mortgages/encumbrances.
  - Proof of debts i.e. a mortgage statement or bill

## **Instructions – Continued:**

1. If you do not have access to a copy machine, a clerk can assist you in making copies of your documents.
2. Please list all property that is in the deceased person's name only. If you discover more assets after the case has closed, you may have to reopen the case and pay another filing fee (\$70.50). If the case is still open, you may need to amend your paperwork.
3. Some of these forms and some of your filings may be publicly accessible on the internet. For the attached Application and Appendix, there will be a note indicating whether it is going to be a public document or not. Please review redaction information before filing.
4. You may file additional paperwork if you would like to. The court may ask for more information, or additional documents or amended filings in addition to the above filings, after the case has started.
5. Contact the Probate Division with any questions:

Probate Division - Boone County Courthouse

705 East Walnut Street

Columbia MO 65201

(573) 886-4090 (phone)

(573) 886-4095 (fax)



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Probate Division	Case Number:
In the Estate of _____, Deceased.	

(Date File Stamp)

### Application of Creditor for Refusal of Letters

Applicant states that Decedent died on \_\_\_\_\_ residing at \_\_\_\_\_, leaving no surviving spouse or unmarried minor children, that after giving credit for all payments and offsets to which the estate is entitled there is now due and owing Applicant, as a creditor of Decedent, the sum of \$\_\_\_\_\_, for (state nature of debt):\_\_\_\_\_.

The entire estate of Decedent does not exceed the value of \$15,000.00 and consists solely of personal property as described in Exhibit A.

Applicant further states that if this application is granted, Applicant will pay the debts of Decedent so far as the assets thereof will permit, in the order of preference established by law, and will distribute the balance of said estate, if any, to the persons entitled thereto under the law.

**Wherefore**, Applicant prays the court order no letters be granted on said estate in the amount of \$\_\_\_\_\_, unless on the application of creditors or other parties interested, the existence of other or further property is shown.

Applicant swears that the matters set forth above are true and correct to the best knowledge and belief of Applicant, subject to the penalties of making a false affidavit or declaration.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Name/Bar Number/Address/Telephone)

\_\_\_\_\_  
(Name/Address/Telephone)

PUBLIC DOCUMENT

**APPENDIX A** - Please list all personal property assets of the decedent.

Type of Account (Checking/Saving/MMA, etc.) and Account #	Name, Location of Bank	Value
Vehicle - Make, Model, Year and VIN #	Current Possessor of Vehicle - Name, Address	Value
Check - #, name, and payor	Current Possessor of Check - Name, Address	Value
Insurance - Policy Type and Number	Name, Location of Insurer	Value
Safe Deposit Box #	Name, Address of Depository	Value of Contents
Other Personal Property	Location and Possessor	Value
Stocks or bonds - Amount of stocks, account #	Name, Location	Value per stock, total value
<b><u>Sum value of all personal property:</u></b>		

Applicant cannot provide value or proof of value for the following assets, for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

Please list as much information as possible. Please file verification of balance, or value for each asset listed. You may also be asked to file verification that the decedent owned the asset listed.

If you do not have all the information, or do not have accurate or sufficient information at the time of filing, you may be asked to amend or correct what is written or file additional items with the Court.

If there are more assets than can be listed on this page, please attach a copy of this page with a list of all the assets and all the information requested.

If something does not apply, you may indicate that it is not applicable.

Please provide a total value of all of the decedent's property here.

If value or proof of value is being withheld or is unable to be provided, please explain here and describe the asset.

## **Appendix A - continued**

- Please list all real property of the decedent

### **Real Property of Decedent**

Address	Full Legal Description	Value

- Please complete below.

Sum value of Personal Property:	
Sum Value of Real Property:	
Total Value of Decedent's Real and Personal Property:	

IN THE CIRCUIT COURT OF BOONE COUNTY, MISSOURI

PROBATE DIVISION

IN THE ESTATE OF \_\_\_\_\_

ESTATE NUMBER: \_\_\_\_\_

**Motion to Waive Bond**

Applicant, \_\_\_\_\_, hereby moves that the court dispense with the filing of a bond by Applicant for the following reason(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Date: \_\_\_\_\_

Applicant name: \_\_\_\_\_ Applicant signature: \_\_\_\_\_

☐ The following heirs consent to a waiver of bond for \_\_\_\_\_, Applicant.

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name (printed): \_\_\_\_\_ Signature: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Relationship: \_\_\_\_\_



IN THE \_\_\_\_\_ JUDICIAL CIRCUIT, \_\_\_\_\_ COUNTY, MISSOURI

Name:	Case Number:
Address:	Case Type:
	Style of Case:
Document Filed:	

(Date File Stamp)

### Redaction Certification

**The filer certifies that all documents in this submission for filing with the court comply with all redaction requirements of Rules 19.10, 55.025, or 84.015.**

#### **COR 2.02**

The responsibility for redacting confidential information rests solely with the counsel, parties, or any other person filing the document. Courts will not review each case document to ensure compliance and will not refuse to accept or file a document on that basis.

On and after the Expanded Remote Access Implementation Date: July 1, 2023

1. All redactions shall be done in a manner that makes it clear that information has been redacted. If necessary to reference the redacted information in a redacted document, filers shall use generic descriptors.
2. When a filer redacts information from a document offered for filing in any court, the filer also must file a confidential redacted information filing sheet that either:
  - has the unredacted version of the document attached; or
  - sets out the information redacted from the document with an explanation referencing where the information was redacted from in the document or the generic descriptors used in the document to reference the redacted information.
3. All filers shall affirmatively certify compliance with the redaction requirements in Rules 19.10, 55.025, and 84.015 when a document is filed. This certification shall be accomplished through an automated process implemented in the electronic filing system for its authorized users or, for filers who are not authorized users of the electronic filing system, by a paper form attached to the document or on the document itself.
4. When a motion is filed alleging a document filed with the court contains insufficiently redacted confidential information, the clerk shall raise the document's security level to a confidential setting. The court shall dispose of the motion within 30 days. If the court determines the document is sufficiently redacted, the clerk shall reset the document's security level to allow for proper public access.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Filer's Signature

PUBLIC DOCUMENT

# CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

## 13<sup>TH</sup> JUDICIAL CIRCUIT, BOONE COUNTY, MISSOURI

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Place a check in the box next to the appropriate Case Type and Party Type. If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** Name; addresses; DOB; and Social Security Number should be listed for all parties on the case including heirs and interested parties if reasonably available. The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: \_\_\_\_\_ ☐ Estate of ☐ In the Matter of ☐ Plaintiff v. Defendant ☐ Petitioner v. Respondent

Name(s): \_\_\_\_\_

**Case Type: WILLS** - ☐ P7 - Will Filed During Lifetime; ☐ P9 - Will Filed Only – Deceased; ☐ PK - Will Admitted or Rejected.

**REFUSALS:** ☐ - PE - Refusal of Letters – Creditor; ☐ PF – Refusal of Letters – Spouse; ☐ PG – Refusal of Letters – Minor;

**SMALL ESTATES:** ☐ PH – Small Estate Affidavit with Will; ☐ PI – Small Estate Affidavit without Will;

**FULL ADMINISTRATION:** ☐ PC - Independent Administration with Will; ☐ PD – Independent Administration without Will;

☐ PA - Supervised Administration with Will; ☐ PB – Supervised Administration without Will;

**OTHER DECEDENT:** ☐ PJ - Determination of Heirs; ☐ PX - Required Administration;

**GUARDIAN/CONSERVATOR – ADULT:** ☐ PR – Guardianship – Adult; ☐ PT – Limited Guardianship – Adult;

☐ PN – Conservatorship – Adult; ☐ PP- Limited Conservatorship – Adult; ☐ PU – Guardian/Conservator – Adult;

☐ PW – Limited Guardian/Conservator – Adult;

**GUARDIAN/CONSERVATOR – MINOR:** PS – Guardianship – Minor; ☐ PL – Limited Guardianship – Minor;

☐ PO – Conservatorship – Minor; PV – Guardian/Conservator – Minor; ☐ PY – Limited Guardian/Conservator – Minor;

**MISCELLANEOUS ADULT/MINOR:** ☐ G1 – Registration Foreign Order Guardian/Conservator – Adult;

☐ G2 – Registration Foreign Order Guardian/Conservator – Minor;

**TRUSTS:** ☐ P3 – Successor Trustee; ☐ P4 – Trust Registration; ☐ P5 – Trust Litigation;

**OTHER MISCELLANEOUS:** ☐ P6 – Sexual Predator; ☐ PZ – Probate Miscellaneous – Other



**Party Type Code:** ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;  
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐  
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB \_\_\_\_\_ DOD: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Party Type Code:** ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;  
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐  
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB \_\_\_\_\_ DOD: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Party Type Code:** ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;  
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Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB \_\_\_\_\_ DOD: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Party Type Code:** ☐ Decedent; ☐ Minor; ☐ Respondent; ☐ Petitioner; ☐ Plaintiff; ☐ Defendant; ☐ Natural Mother;  
☐ Natural Father; ☐ Spouse; ☐ Creditor; ☐ Heir; ☐ Devisee; ☐ Interested Party; ☐ Depositor; ☐ Designated Resident Agent; ☐  
Trustee; ☐ Successor Trustee; ☐ Settlor; ☐ Grantor; ☐ Trustor

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_

DOB \_\_\_\_\_ DOD: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_