

APPLICATION OF SURVIVING SPOUSE 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 Surviving Spouse will be issued. That Order entitles the spouse to collect the assets listed.

Checklist of necessary filings:

- ☐ **Confidential Case Filing Information Sheet** (attached)
 - ☐ **Application of Surviving Spouse for Refusal of Letters** (attached)
 - ☐ **Appendix A** - Summary of Assets of Decedent (attached)
 - ☐ **Redaction Certification** - Signed by filer (attached)
-
- ☐ **Death Certificate.** *If a death certificate is delayed pending autopsy, or some other reason, please speak to a clerk about this.*
 - ☐ **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.

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

- If decedent owned a **safety deposit box**.
 - An inventory of the safe deposit box must be filed with the court.
 - If the depository will not release information about what is inside of it, a petition to open and inventory safety deposit box form can be filled out.
 - That Petition has a **separate filing fee of \$70.50**.
- If decedent owned **real property**.
 - Deed to the property must be filed
 - A full legal description must be provided.
 - An appraisal must be filed. *Speak to a clerk for more information.*

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 where 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 Surviving Spouse for Refusal of Letters

Applicant, surviving spouse of Decedent, states that Decedent died on _____ residing at _____, survived by Applicant and _____, unmarried minor child(ren), leaving an estate in this state, the value of which, less liens and encumbrances, is not greater in amount than is allowed by the law as exempt property and maintenance of Applicant and Unmarried Minor Child(ren) for one year after the death of Decedent. The estate consists solely of the property as described in Exhibit A.

Unmarried minor child(ren) of Decedent who is(are) not the child(ren) of Applicant is(are) as follows:

Name of Child

Year of Birth

Name/Address of Custodian

Wherefore, Applicant prays the court order that no letters be granted on said estate in the amount of \$_____, unless on the application of creditors or other interested parties, 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 the 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
<u>Sum value of all personal property:</u>		

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 balances, or of 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. You may have to file verification of any debts of the decedent that are listed below.

Sum value of Personal Property:	
Sum Value of Real Property:	
Deduction of any loans/debts/liens/mortgages/encumbrances:	
Value of the estate, less any deductions as listed above:	

☐ Applicant swears that verification of value cannot be provided for _____
_____ asset(s) as described in Appendix A, and swears that the
total estate value is _____



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

13TH 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;
☐ 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: _____