

**IN THE CIRCUIT COURT OF GREENE COUNTY, MISSOURI  
PROBATE DIVISION**

IN THE ESTATE OF:

CASE NO. \_\_\_\_\_

\_\_\_\_\_, DECEASED.

**AFFIDAVIT FOR COLLECTION OF SMALL ESTATE  
(Without Will)  
(Sec. 473.097, RSMo.)**

Comes now the undersigned affiant, a distributee entitled to receive property of the decedent, being first duly sworn, states:

The decedent, whose domicile and last residence address was \_\_\_\_\_  
\_\_\_\_\_ in Greene County, Missouri, and whose date of death was \_\_\_\_\_.

No will has been presented for probate.

The value of the entire estate, less liens, debts and encumbrances, does not exceed forty thousand dollars (\$40,000.00) and that thirty (30) days have elapsed since the death of the decedent and no application for letters testamentary or for administration or for refusal of letters under Section 473.090, RSMo. is pending or has been granted or if such refusal has been granted and subsequently revoked.

All unpaid debts, claims or demands against the decedent or the decedent's estate and all estate taxes due, if any, on the property transfers involved, have been or will be paid, except that any liability by the affiant for the payment of unpaid claims shall be limited to the value of the property received.

Affiant further states that the following is an itemized description and valuation of the property of the decedent, and the names and addresses of the persons having possession thereof:

Description of Property	Custodian-Address	Value
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Affiant further states that the following are the NAMES, ADDRESSES, and RELATIONSHIPS to the decedent of the persons entitled to the property of the decedent pursuant to the laws of descent and distribution of the State of Missouri.

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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**Marital Status of Decedent:**

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

(Seal)

\_\_\_\_\_  
Notary Public Clerk

Notary Commission Expires: \_\_\_\_\_

By: \_\_\_\_\_  
Deputy Clerk  
Circuit Court of Greene County, Missouri  
Probate Division

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (Typed or Printed)

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Attorney's Signature MO Bar #

\_\_\_\_\_  
Attorney's Name (Typed or Printed)

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip