

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

IN THE ESTATE OF:

ESTATE NO. _____

APPLICATION FOR LETTERS OF ADMINISTRATION

SECTION 473.017 & 473.780 RSMo.

Comes now the undersigned and states that the person herein above named, birth date _____,
age _____, sex _____, whose last residence was _____

(Street address, City, State)

and whose domicile was _____ died on _____, intestate;
(County and State) (date)

The probable value of decedent's estate is:

Real Property, \$ _____ and Personal Property, \$ _____.

*If decedent had no domicile in Missouri, the probable value of decedent's
real property, located in Greene County, Missouri, is \$ _____,
and of the personal property in Missouri, so far as is known, which might
be subject to administration in Missouri, is \$ _____

The names and residence addresses of the persons for whom Letters of Administration are requested and
the relationship to decedent or other facts which entitle such persons to appointment are as follows:

Name and Residence Address

Relationship

Name and Residence Address

Relationship

*Strike portions not applicable

That the names, relationships to the decedent and, residence addresses of the surviving spouse and heirs, with an indication of those believed by applicant, to be of unsound mind, and the birth dates of those who are minors, and, so far as is known to applicant, the names and addresses of the Guardian/Conservator of those who are minors or incapacitated/disabled, are as follows:

Name	Relationship to decedent	Birth Date (if under 18)	Residence Address (zip code required)
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List surviving spouse here. If none, so state; if deceased, state date of death.

That the applicant believes there are no heirs whose names and addresses are unknown to applicant, except as stated above.

Applicant requests (*supervised, *independent) administration.

All required written consents to Independent Administration are attached to this application and applicant will close said Independent Administration within one year as required by law.

*Strike Portions not applicable

If letters are issued, Applicant will make a perfect inventory of the estate, pay the debts, if any, as far as the assets extend and the law directs, and account for and distribute or pay all assets which come into the possession of the Personal Representative, and perform all things required by law touching the administration of the 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's Signature	Residence Address	Zip Code	Phone
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Applicant's Signature	Residence Address	Zip Code	Phone
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ENTRY OF APPEARANCE BY ATTORNEY (signature required):

Name	MO. Bar No.	Address	Phone
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Note: The Personal Representative and/or Attorney must notify the Clerk in writing if it is learned that the application is incomplete or incorrect.

RENUNCIATION OF RIGHT TO ADMINISTER

The undersigned persons entitled to administer the estate of the above named decedent, hereby renounce our right to administer said estate, and request that Letters of Administration be issued to _____.

Signature	Address	Relationship
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- * A Bond of \$_____ is attached.
- * A Petition to Waive Bond signed by all heirs is attached.

*Strike portions not applicable