

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

IN THE ESTATE OF:

\_\_\_\_\_

ESTATE NO. \_\_\_\_\_

**APPLICATION FOR LETTERS**

**\*TESTAMENTARY/ OF ADMINISTRATION WITH WILL ANNEXED**

**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 \_\_\_\_\_, testate;  
(County and State) (date)

The probable value of decedent's estate is:

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

\*Decedent's Will has been delivered to the Court; the contents of the Will are stated by attaching a copy of it to this Application; \*the Will is destroyed, lost or suppressed, and a statement of the provisions of the Will, so far as known, is attached to this Application.

\*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 named as Personal Representatives in the Will) (\*the persons for whom Letters of Administration With Will Annexed 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

The names, relationship to decedent, and residence addresses of the surviving spouse, heirs (those who would inherit – if there is no will), devisees and legatees of the decedent (those who take by virtue of a devisee or legacy of a will), if any, and lineal descendants of devisees who were relatives of and predeceased the testator, if any; their birth dates, if minors, with any of said persons whom Applicant has reason to believe are incapacitated/disabled being so designated, and, if known, the names and addresses of the Guardian/Conservator of any of said persons who are minors or incapacitated/disabled, are as follows:

Name	Relationship	Item Of Will	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.

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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.

\*Independent Administration is authorized by the Will or \*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 and legacies, 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.**

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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):

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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.

**REFUSAL TO QUALIFY AS PERSONAL REPRESENTATIVE**

I, the undersigned, being named Personal Representative in the aforementioned Will, refuse to qualify.

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**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 With Will Annexed be issued to

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Signature	Address	Relationship
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- \* Bond is waived in the Will
- \* A Bond of \$\_\_\_\_\_ is attached.
- \* A Petition to Waive Bond signed by all heirs is attached.

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\*Strike portions not applicable