

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

IN THE ESTATE OF _____

ESTATE NO. _____

_____, DECEASED

PETITION FOR DETERMINATION OF HEIRSHIP

(SEC. 473.663 RSMo.)

Comes now _____ and petitions for the determination of heirship from and under _____, deceased, and in support thereof states as follows:

1. That the said _____ died on _____ more than one year prior to the filing of this petition; that said decedent, at the time of death was ____ years of age and domiciled in _____ County, Missouri; that no administration has been commenced on the estate of said decedent in this state, and that no will of said decedent has been offered for probate in this state.

2. That at the time of death said decedent was the owner of the following described property located and having situs in this state, having the net value hereinafter set forth, to-wit:

Description of Property

Net Value

Total net value of Estate: \$ _____

Said property being the particular property with respect to which the determination of heirship from and under said decedent is sought by this petition.

3. That the names, ages, relation and residence addresses of the heirs of said decedent, so far as known or can with reasonable diligence be ascertained, are as follows:

Name

Age

Relation to Decedent

Residence Address

4. That the names and residence addresses of all persons claiming an interest in the property of said decedent through an heir of said decedent, so far as known or can with reasonable diligence be ascertained, are as follows:

Name	Residence Address	Heir Through Whom Interest Is Claimed
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5. That petitioner claims an interest in said property of decedent as set forth above.

WHEREFORE, petitioner prays that the court fix a time and place for the hearing of this petition and provide for the giving of notice thereof and that the court, upon the hearing of this petition, make its decree determining the heirs of said decedent and their respective interests as such heirs in said property of decedent hereinabove described.

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.

Date _____

Signature of Applicant _____

Address _____ Phone _____

Attorney for Applicant _____ Bar # _____
(Signature Required)

Address _____ Phone _____