

PETITION FOR DETERMINATION OF HEIRSHIP CHECKLIST

	Payment of Filing fee and publication fee – see “ SCHEDULE OF PROBATE CASE FILING FEES ”
	Add all parties: decedent, petitioner and heirs
	Need death certificate with decedent’s social security number & address
	Need social security number and birthdate of petitioner on the confidential filing information sheet

The Petition should contain the following*:

	Need date of death and age of decedent
	Need domicile address of decedent
	Need relationship of petitioner to decedent
	Need statement that the City of St. Louis is the proper venue for administration
	Need statement of whether or not decedent was married, single, widowed, divorced
	Need statement that more than one year has passed since death of decedent
	Need statement that no administration has been commenced in this state or any other state
	Need statement that no Will has been offered for probate in this state or any other state
	Need total of value of assets on petition
	Need description and value of assets on an Exhibit A which should be filed as a separate document as a financial document. (Filing-other/miscellaneous/financial statement). Need verification of assets and their values (ie, bank statements, latest recorded deed to real property, indicating title in the name of decedent, title to vehicle, etc.) filed as separate documents as verification of assets
	If real property is an asset, need a complete legal description of the real property
	Need names, addresses, and relationship to decedent of all the persons claiming any interest in the assets of decedent as heir or through an heir at time of decedent’s death, covering entire line of descent from decedent; need age of heir if minor.
	If heirs and persons claiming any interest include spouse and children, need statement as to whether or not all children are children of decedent and spouse
	Need the percentage or fractions to which all the persons claiming any interest in the assets of decedent as heir or through an heir are entitled
	Need to be signed and dated by petitioner under oath and affirmation or notarized
	Need signature of attorney
	*See Mo. Stat. Rev. Section 473.663.1 for complete list

STATE OF MISSOURI)
) SS
CITY OF ST. LOUIS)

**IN THE PROBATE DIVISION, CIRCUIT COURT
CITY OF ST. LOUIS
STATE OF MISSOURI**

In the Matter of: _____,)
)
) No. _____
)
 Deceased.)

PETITION FOR DETERMINATION OF HEIRSHIP

COMES NOW _____, _____ of the
 decedent, _____, who died on the _____ day of _____,
 20____, at the age of _____ and for _____ Petition to Determine Heirship states:

1. That _____ resided in the City of St. Louis, State of Missouri at _____, St. Louis, Missouri.

2. That at the time of _____'s death, _____ was _____.

Single/Married/Widowed

3. That more than one year has elapsed since the death of _____ and no estate administration has been commenced in this State or any other State, nor has any Will been offered for probate in this State or any other State, and that this State is the proper venue for the administration of such a Decedent's Estate. Had probate been commenced within the statutory time period, the proper venue would have been CITY OF ST. LOUIS.

4. That the names and residence addresses of the persons claiming any interest in Decedent's property as heir or through an heir at the time of his death as far as is known or can be diligently and reasonably ascertained by the Petitioner are listed on Exhibit B filed herewith.

5. Decedent's spouse, if any, _____ the parent of all of decedent's
is/is not/NA
children.

6. That the only known assets of the Decedent at this time are those listed on Exhibit A filed herewith.

7. That the total value of the assets is \$_____.

WHEREFORE, the premises being considered, the Petitioner prays that this Court enter a Decree determining that the only heirs of _____ are _____, and authorizing the transfer of all assets listed above, as well as any additional assets that may be located in the future, to those known heirs.

The foregoing is made this _____ day of _____, _____, under oath or affirmation and its representations are true and correct to the best of Petitioner's knowledge and belief, subject to the penalties of making a false affidavit or declaration.

Signature of Attorney for Petitioner

Signature of Petitioner

Attorney for Petitioner (Typed) & MBE #

Name of Petitioner (Typed)

Address

Address

City State Zip Code

City State Zip Code

Telephone No. Fax No.

Telephone No. Fax No.

E-Mail Address

Publish Notice of Letters in: ☐ St. Louis City Monitor

☐ St. Louis Daily Record

☐ Other _____

In the Matter of _____
Decedent

No. _____

Exhibit A

ASSETS

[illegible]

In the Matter of _____
Decedent

No. _____

Exhibit B

HEIRS

NOTE: If none, mark “NONE”, and if any section is not applicable, mark “N/A” in the name column.

NAME OF SPOUSE, IF ANY	ADDRESS	RELATIONSHIP	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST
NAME OF CHILREN, IF ANY	ADDRESS	RELATIONSHIP & DATE OF BIRTH, IF MINOR	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST
NAME OF CHILDREN OF DECEASED CHILDREN	ADDRESS	RELATIONSHIP, NAME OF DECEASED PARENT AND DATE OF BIRTH, IF MINOR	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST

Only complete if decedent had no spouse or children or grandchildren:

NAME OF PARENTS	ADDRESS	RELATIONSHIP	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST	
NAME OF SIBLINGS, IF ANY	ADDRESS	RELATIONSHIP & DATE OF BIRTH, IF MINOR	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST	INDICATE WHOLE SIBLING OR HALF SIBLING

