

APPLICATION FOR LETTERS OF ADMINISTRATION (INTESTATE) CHECKLIST

	Need payment of Filing fee – see “ SCHEDULE OF PROBATE CASE FILING FEES ”
	Need all parties added at case submission, incl.: decedent, applicant and heirs.
	Need copy of death certificate with decedent’s SS# & address.
	Need SS# and birthdate of Applicant on confidential filing information sheet.
	If independent administration is sought, need corporate surety bond in the amount of the real property <u>and</u> personal property, rounded up to the next thousand. If supervised administration is sought, need corporate surety bond in the amount of personal property only, rounded up to the next thousand. If value of property is unknown or zero, need a \$2,000.00 bond. The bond is to include Acknowledgement of Principal, Acknowledgement of Surety and Power of Attorney.
	If applicant is an heir, need notarized renunciations from all other heirs. If applicant is not an heir, then need notarized renunciations from all heirs.

The Application for Letters should contain the following:

	Needs domicile of decedent
	Needs date of death of decedent
	Needs estimated value of real and personal property
	Needs relationship of applicant to decedent
	Needs statement on whether you want supervised or independent administration; if requesting independent administration, need notarized consents from all heirs
	Needs statement whether decedent is married, divorced, widowed, single or never been married; if widowed, needs date of death of spouse
	Needs statement on whether or not spouse is parent of all children
	Needs addresses of all heirs; if cannot locate an heir, need an affidavit of due and diligent search
	Needs relationship of heirs to decedent, i.e., child, spouse, cousin, niece, nephew; for cousin, niece or nephew, need a complete explanation of the line of descent (for example: child of C, C was child of B, B was sister of decedent’s mother)
	Needs shares of heirs (and needs birth date for any minor heirs)
	Needs statement that applicant will make a perfect inventory, etc. (see language in form on “ COURT FORMS ” page of Court’s website)
	Needs designation of agent by non-resident personal representative
	Needs to be signed and dated by applicant under oath and affirmation or notarized
	Needs to be signed by attorney
	Needs statement on where you want to publish: St. Louis Monitor, Daily Record or other publication

**MISSOURI CIRCUIT COURT, TWENTY-SECOND JUDICIAL CIRCUIT
PROBATE DIVISION, CITY OF ST. LOUIS**

In the matter of

Decedent

No. _____

APPLICATION FOR LETTERS OF ADMINISTRATION

Come(s) now, _____, of lawful age,
being first duly sworn upon oath, and state(s):

That _____, a _____ male person, whose domicile and last
residence address was _____,
in the City of St. Louis, Missouri, and who was approximately _____ years of age, died
intestate on the _____ day of _____, _____; that decedent left
real property in the State of Missouri of probable value of \$ _____ and
personal property of the probable value of \$ _____; that applicant(s)
reside(s) at _____;
that applicant(s) as the _____ of decedent is/are entitled to
relationship
be appointed personal representative(s) of decedent's estate _____ court supervision
with/without
(and, if independent, consents of all heirs to independent administration are attached hereto).
At death, decedent was _____ (if widowed-date of death of
single/married/widowed
spouse is _____). Decedent's surviving spouse, if any, _____ the parent of all
is/is not
of decedent's children.

Applicant further states that the NAMES, RESIDENCE ADDRESSES and
RELATIONSHIPS to decedent of the surviving spouse, if any, and heirs are listed on Exhibit A
filed herewith; further the names and addresses of any guardians or conservators of any minors or
disabled heirs and a notation that an heir is a minor are listed on said Exhibit.

That there are no other heirs known to applicant(s) who are of unsound mind or other heirs

whose names and addresses are unknown to applicant(s). Applicant(s) further state(s) that _____ 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, account for and distribute or pay all assets which come into _____ possession and perform all things required by law touching the administration of the estate.

If applicant(s) is a non-resident(s) of the State of Missouri, or is a corporation organized under the laws of another state or country, that applicant(s) appoint(s)

_____ Name of Agent	_____ Residence Address	_____ City	_____ State	_____ Zip Code
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as designee for service of process.

Signature of Agent

WHEREFORE, applicant(s) pray(s) the court appoint _____

personal representative(s) to administer decedent's estate _____ supervision of the
with/without
court and upon filing the required bond.

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

Signature of Attorney for Applicant(s)

Signature of Applicant

Name of Attorney for Applicant(s) (Typed) & MBE #

Name of Applicant (Typed)

Address

Address

City State Zip Code

City State Zip Code

Telephone No.

Fax No.

Telephone No.

E-Mail Address

Signature of Attorney for Applicant(s)

Signature of Applicant

Name of Attorney for Applicant(s) (Typed) & MBE #

Name of Applicant (Typed)

Address

Address

City State Zip Code

City State Zip Code

Telephone No. Fax No.

Telephone 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

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

Only complete the following sections 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 AND, IF MINOR, DATE OF BIRTH	DATE OF DEATH, IF DECEASED	PERCENTAGE/ FRACTIONAL INTEREST	INDICATE WHOLE SIBLING OR HALF SIBLING

