

APPLICATION FOR PROBATE OF WILL
CHECKLIST

	Payment of Filing fee – see “ SCHEDULE OF PROBATE CASE FILING FEES ”
	Need copy of death certificate with decedent’s SS# & address
	Needs to be filed within one year of date of death
	Jurisdiction within the city of St. Louis
	No prior estate already opened
	E-filed copy of will
	Mail or hand-deliver original will to the Court
	Need testimony of witness(es) to will if not self-proving
	If cannot obtain testimony of witness(es), then need to request Commission(s) to prove the will if not self-proving.

The Application should contain the following:

	Domicile address of decedent
	Date of date of decedent
	Date of will
	Statement on whether or not will is self-proving
	Statement on whether or not decedent was married, single, widowed, divorced
	If widowed, date of death of spouse
	If married, address of spouse
	Names of witnesses to will (ONLY if not self-proving)
	Signed and dated by applicant(s) under oath and affirmation or notarized
	Signed by attorney

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

IN THE ESTATE OF:

ESTATE NO. _____

APPLICATION FOR PROBATE OF WILL

Come(s) now, _____ and state(s) that _____, who resided at _____ in the City of St. Louis, Missouri, the domicile of the decedent, died on the _____ day of _____, ____; that decedent left an instrument purporting to be _____ Last Will and Testament dated the _____ day of _____. _____ and _____ Codicil to said Last Will and Testament dated the day of _____. _____. The decedent's will _____ self-proving. At death decedent was _____ is/is not
single/married/widowed

(if widowed – date of widowed – date of death of spouse _____).

The surviving spouse is _____, who resides at _____.

That the subscribing witnesses to said instrument(s) are: _____

WHEREFORE, your applicant prays the court consider said instrument(s) in writing to be duly proved, admitted to probate, certified and recorded as the last will and testament of the decedent.

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

Signature of Attorney for Applicant

Signature of Applicant

Name of Attorney for Applicant (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