

CLOSING INDEPENDENT ESTATES (pursuant to Section 473.840)
CHECKLIST

	6 months + 10 days elapsed since first publication, as per Section 473.033.
	Court costs paid up.
	MO Healthnet release filed or satisfaction of MO Healthnet claim filed.
	All claims have been satisfied, with proof filed, or dismissed by the court.
	Statement of the personal representative as to the occurrences described in Subsections (1), (3), and (4) of Section 473.840.2 filed. This item cannot be waived. <i>Note that this item is covered in this court's form which immediately follows this checklist, titled "Statement of Account".</i>
	An accounting, omitting vouchers, of all receipts and disbursements of the probate assets by the personal representative filed. This item cannot be waived. <i>Note that this item is covered in this court's form which immediately follows this checklist, titled "Settlement".</i>
	Schedule of Proposed Distribution filed & accurate. This item cannot be waived. <i>Note that this item is covered in this court's form which immediately follows this checklist, titled "Proposed Schedule of Distribution".</i>
	Affidavit of publication of filing Statement of Account, pursuant to Section 473.840.2(6) (or waiver** from all heirs or legatees) filed.
	Proof of mailing to all heirs or legatees, pursuant to Section 473.840.3 (or waiver** from all heirs or legatees) filed. <i>Note that this item is covered in this court's form which immediately follows this checklist, titled "Proof of Mailing of Notice of Filing Final Statement..."</i>
	Twenty (20) day objection period elapsed as per Section 473.840.4 (or waiver** from all heirs or legatees).
	**Note that the document titled "Waiver of Statutory Requirements – Statement of Account and Closing of the Estate" in this court's form which immediately follows this checklist contains acceptable waiver language. All waivers, if utilized, must be notarized.

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

In Re the Estate of:

Deceased.

)
)
)
)
)

Estate No. _____

STATEMENT OF ACCOUNT

The undersigned independent personal representative of the above captioned estate, pursuant to section 473.840, RSMo. states:

1. The notice required under Sections 473.033 and 473.783, RSMo. was duly given in The St. Louis Daily Record and first publication of said notice commenced on _____, which is more than six months prior to the filing of this Statement of Account.

2. Unless objection to the proposed schedule of distribution is filed in the court within twenty (20) days after the filing of this statement of account, the independent personal representative will distribute the probate assets in accordance with the proposed schedule of distribution.

3. All claims, expenses of administration and taxes have been paid in full, except the following, together with an explanation why said items have not been fully paid:

4. The final settlement and the proposed schedule of distribution are attached hereto.

5. The notice required by subdivision (2) of subsection 2 of Section 472.100, RSMo., was given at least twenty-nine (29) days prior to the filing of this Statement of Account. Said notice stated that: (A) he would file the Statement of Account on _____, or as continued by the Court, and (b) objections to the Schedule of Proposed Distribution shall be filed with the court within twenty (20) days after filing of the Statement of Account.

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

The undersigned swears that the matters set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Subscribed and sworn to before me this _____ day of _____,
_____.

Notary Public

My commission expires:

Signature of Attorney

Name of Attorney for Applicant (Typed) & MBE #

Address

City State Zip Code

Telephone No. and Fax No.

E-Mail Address

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

In the estate of

No. _____

Deceased/Disabled/Minor

SETTLEMENT

Following is a settlement of the accounts of the undersigned Personal Representative/Conservator for the period commencing on the _____ day of _____, _____, and ending on the _____ day of _____, _____.

[illegible]

DATE	VOUCHER NO.	DETAILS OF TRANSACTION	RECEIPTS	DISBURSEMENTS
		TOTALS		
		BALANCE		

RECAPITULATION

Furniture, household goods, wearing apparel	\$ _____
Corporate stocks, per schedule attached	\$ _____
Mortgages, bonds, notes, other evidences of debt, Per schedule attached	\$ _____
Bank accounts, insurance policies payable to personal representative, per schedule attached	\$ _____
All personal property, including proportionate share In any partnership	\$ _____
Total Value Personal Property	\$ _____

NOTE: If any category does not remain exactly as inventoried, but is changed by any transaction reported herein, such category must be itemized on an attached schedule (i.e., bank accounts, corporate stocks sold, distributed or received by stock split, etc.)

The personal representative(s)/conservator(s) of this estate state(s) that the foregoing is made under oath or affirmation and its representations are true and correct to the best of _____ knowledge and belief, subject to the penalties of making a false affidavit or declaration. Signed this _____ day of _____, _____.

Attorney's Signature

Attorney's Name (Typed) and MBE #

Street Address

City State Zip Code

Telephone No. and Fax No.

E-Mail Address

Current Address of Protectee

City State Zip Code

Pers. Rep./Conservator's Signature

Pers. Rep./Conservator's Name (Typed)

Street Address

City State Zip Code

Pers. Rep./Conservator's Signature

Pers. Rep./Conservator's Name (Typed)

Street Address

City State Zip Code

REQUIREMENTS

Each settlement filed shall state period for which it is made, and among other things, shall contain a just and true account of all assts collected, the date when collected, from whom collected and on what account collected.

Also, the date and amount of each expenditure or distribution must be supported by proper vouchers or receipts executed by the person to whom the disbursement was made.

The successors to the descendible interest of the decedent in and to the above described real property and the extent of their undivided interests as of the date of death of the decedent are as hereinafter set out:

<u>Heir or Devisee</u>	<u>Relationship or Item of Will</u>	<u>Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Personal Representative Sign

Personal Representative Sign

Personal Representative's Name (Typed)

Personal Representative's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone Number With Area Code

Telephone Number With Area Code

Attorney for Personal Representative Sign

Attorney's Name (Typed) and MBE #

Street Address

City State Zip Code

Telephone No. and Fax No. With Area Code

E-Mail Address

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

In Re the Estate of:	)	
	)	
	)	Estate No.
	)	
Deceased.	)	

PROOF OF MAILING OF NOTICE OF
FILING FINAL STATEMENT OF ACCOUNT
AND PROPOSED SCHEDULE OF DISTRIBUTION

The undersigned independent personal representative states that a copy of the notice of filing the Final Statement of Account and Proposed Schedule of Distribution was mailed by the undersigned on _____, 20____, by ordinary mail to the following interested persons:

STATE OF MISSOURI)
) SS.
COUNTY OF)

The undersigned swears that the matters set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties of making a false affidavit or declaration.

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My commission expires:

In Re the Estate of: _____, Estate No. _____
Deceased.

Comes now _____, a beneficiary of the above estate, and having received a copy of the final settlement and proposed schedule of distribution hereby waives the statutory requirements in connection with the Statement of Account and the termination of the estate, as specifically noted below:

Publication of filing Statement of Account

Notice of filing Statement of Account

Objections to the Statement of Account and Proposed Schedule of Distribution

Proof of Mailing

Date _____

Signature _____

(Printed Name)

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: