

APPLICATION FOR LETTERS OF ADMINISTRATION (INTESTATE)
CHECKLIST

Payment of Filing fee – see “ SCHEDULE OF PROBATE CASE FILING FEES ”
Publication fee due: \$68 for Monitor, \$75 for Record
Add all parties: decedent, applicant and heirs
Need copy of death certificate with decedent’s SS# & address
Need SS# and birthdate of Applicant
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, a letter of bondability must be filed prior to Letters being granted. E-file the bond. The bond is to include Acknowledgement of Principal, Acknowledgement of Surety and Power of Attorney.

The Application for Letters should contain the following:

Need domicile of decedent
Need date of death of decedent
Need estimated value of real and personal property
Need relationship of applicant to decedent
Applicant must be an heir and have notarized renunciations from all other heirs. If applicant is not an heir then need notarized renunciations from all heirs.
Need statement on whether you want supervised or independent administration. If requesting independent administration, need notarized consents from all heirs.
Need statement whether decedent is married, divorced, widowed, single or never been married. If widowed, date of death of spouse.
Need statement on whether or not spouse is parent of all children
Need addresses of all heirs. If cannot locate an heir, an affidavit of due and diligent search.
Need relationship of heirs to decedent, i.e., child, spouse, cousin, niece, nephew (if 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)
Need shares of heirs (if minor - birthdate of heirs)
Need statement that applicant will make a perfect inventory, etc. (see language in form on website stlcitycircuitcourt.com)
Need designation of agent by non-resident personal representative
Need to be signed and dated by applicant(s) under oath and affirmation or notarized
Need to be signed by attorney
Need statement on where you want to publish: St. Louis Monitor, Daily Record or other publication
Completed Mo HealthNet Estate Form

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

In the matter of

_____ No. _____
Decedent

APPLICATION FOR LETTERS OF ADMINISTRATION

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

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) resides at _____;

that applicant(s) as the _____ of decedent is 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 spouse _____). Decedent's spouse, if any, _____ the parent of all of decedent's children. _____ is/is not

Applicant further states that the NAMES, RESIDENCE ADDRESSES and RELATIONSHIPS to decedent of the surviving spouse, if any, and heirs are set forth below; further the names and addresses of any guardians or conservators of any minors or disabled heirs and the birthdates of any minor heirs are set forth below:

If applicant(s) is a non-resident(s) of the State of Missouri, or 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

as designee for service of process and receipt of notice.

Signature of Agent

WHEREFORE, applicant(s) pray(s) the court appoint _____ (independent) personal representative(s) to administer decedent's estate _____ supervision of the court with/without 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 applicant's knowledge and belief, subject to the penalties of making a false affidavit or declaration.

Signature of Attorney for Applicant

Name of Attorney for Applicant (Typed) & MBE #

Address

City State Zip Code

Telephone and Fax No.

E-Mail Address

Signature of Applicant

Name of Applicant (Typed)

Address

City State Zip Code

Telephone No.

Signature of Attorney for Applicant

Name of Attorney for Applicant (Typed) & MBE #

Address

City State Zip Code

Telephone and Fax No.

E-Mail Address

Signature of Applicant

Name of Applicant (Typed)

Address

City State Zip Code

Telephone No.

Publish Notice of Letters in: St. Louis City Monitor
 St. Louis Daily Record
 Other _____



MISSOURI DEPARTMENT OF SOCIAL SERVICES
MO HEALTHNET DIVISION
ESTATE NOTICE

1. DECEDENT NAME		2. MO HEALTHNET PARTICIPANT NUMBER (IF KNOWN)	
3. DATE OF BIRTH	4. DATE OF DEATH		5. SOCIAL SECURITY NUMBER
6. SURVIVING SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____			
7. CHILDREN UNDER AGE 21 IN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO		8. IS THERE A BLIND OR DISABLED DEPENDENT IN THE HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. COUNTY OF ESTATE FILING	10. DATE ESTATE FILED		11. BALANCE OF ASSETS
12. ATTORNEY NAME			
13. STREET ADDRESS, CITY, STATE, ZIP CODE			
14. TELEPHONE NUMBER		15. FAX NUMBER	
16. EXECUTOR, PERSONAL REPRESENTATIVE, OR CONSERVATOR NAME			
17. STREET ADDRESS, CITY, STATE, ZIP CODE			
18. SIGNATURE OF ATTORNEY			19. DATE

FOR MO HEALTHNET DIVISION USE ONLY

Decedent was a MO HealthNet Participant. Case will be reviewed to determine if referral to be made to Attorney General Office for filing claim.

Decedent was not a MO HealthNet Participant. Waiver issued on: _____

MO HEALTHNET DIVISION SIGNATURE

DATE