

**APPLICATION FOR PROBATE OF WILL AND LETTERS TESTAMENTARY (TESTATE)
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 devisees
Need copy of death certificate with decedent’s SS# & address
Need SS# and birthdate of Applicant
E-file a copy of the will and mail/deliver original
If will does not allow PR to serve without bond, then: if independent administration is sought, need corporate surety bond in the amount of the real property and 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 the decedent
Need date of death of decedent
Need estimated value of real and personal property
Applicant must be one of the named personal representatives in the will. If they are not, need to file an Application for Letters of Administration CTA and have notarized renunciations from all legatees.
Need statement on whether want applicant to serve with or without bond
Need statement that applicant will make a perfect inventory of estate, etc. See form on website stlcitycircuitcourt.com
Need statement that decedent left a will date of will and whether or not it is self-proving
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 and legatees. If cannot locate an heir or legatee, need an affidavit of due and diligent search.
Need relationship of heirs to decedent, i.e., child, spouse, cousin, niece, nephew
If Minor: Need birthdate of heirs or legatees
Need designation of agent by non-resident personal representative
Need statement on whether you want supervised or independent administration. If requesting independent administration, will must allow it or will need notarized consents from all legatees.
Need to be signed and dated by applicant(s) under oath and affirmation or notarized
Need signature of attorney
Need statement on where you want to publish: in Daily Record, St. Louis Monitor or some 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 PROBATE OF WILL AND FOR LETTERS TESTAMENTARY

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 testate on the _____ day of _____, _____; that decedent left real property in the State of Missouri of probable value of \$ _____ and personal property of probable value of \$ _____; that decedent's will designates as personal representative(s) the following: _____

to serve _____ bond.
with/without

That applicant(s) reside(s) at _____
(Street Address, City and State)

_____ and pursuant to all of the above, applicant(s) is entitled to be appointed personal representative herein, _____ bond.
with/without

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.

Applicant(s) further state(s) that decedent left an instrument purporting to be a last will dated the _____ day of _____, _____. The decedent's will _____ self-proving.
is/is not

At death, decedent was _____ (if widowed-date of death of spouse _____)
single/married/widowed

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

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

HEIRS

Surviving spouse (Name and Address): _____

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>BIRTHDATE IF MINOR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LEGATEES

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>BIRTHDATE IF MINOR</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

There are no other heirs, devisees or legatees known to applicant(s) who are of unsound mind or other heirs, devisees or legatees whose names and addresses are unknown to applicant(s).

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
as designee for service of process.

Signature of Agent

That application is hereby made for _____ administration.
supervised/independent

WHEREFORE, applicant(s) pray(s) that after the document purporting to be the will has been duly proved, it be admitted to probate and that the court appoint _____ personal representative(s), to administer decedent's estate _____ supervision of the court and _____ bond.
with/without with/without

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 _____



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