

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

Matter of _____

APPLICATION FOR ALLOWANCE OF COMPENSATION

_____, as _____ of
the above captioned estate, requests the Court to make and enter its order allowing _____
the sum of \$ _____, as reasonable compensation
for services rendered as _____ of said estate as computed on the **
attached schedule which is hereby made a part of this application.
(Complete the next line for decedent's estates ONLY.)
____ previous allowance _____ has/have been allowed in the amount of \$ _____.

THE STATEMENTS AND REPRESENTATIONS IN THIS DOCUMENT ARE MADE UNDER
OATH AND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I
UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKING A FALSE
AFFIDAVIT OR DECLARATION.

Dated _____

Signature

**Your attached schedule must show itemized time records and all other factors involved in
computing a reasonable fee. Itemization is not necessary in deceased estates, if the
statutory fee is requested and the computation schedule on the reverse side of this form is
completed or, if the fee is consented to in writing by all residuary beneficiaries.

ORDER ALLOWING COMPENSATION TO _____

The application of the _____ of the above named estate being
duly filed and considered, it is ordered that _____ is
allowed \$ _____, compensation for services rendered in this
estate.

Date _____

JUDGE

CLERK



COMPENSATION SCHEDULE FOR STATUTORY FEE IN DECEASED ESTATES
(Sec. 473.153 RSMo.)

Personal Property Administered:
(Include Real Estate sold by Personal Representative less any encumbrances.)

Disbursements: \$ _____
(claims, administrative expenses, etc.)

Distributions: \$ _____
(to beneficiaries—at values on date of distributions.)

TOTAL \$ _____

Explain here any substantial changes from inventory values:

STATUTORY COMPUTATION

5% on \$5,000 \$ _____

4% on next \$20,000 \$ _____

3% on next \$75,000 \$ _____

2 ¾% on next \$300,000 \$ _____

2 ½ % on next \$600,000 \$ _____

2% on all over \$1,000,000.00 \$ _____

TOTAL FEES \$ _____

Less fees previously allowed \$ _____

BALANCE \$ _____

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Date _____

Attorney _____

