

**CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION**

No. _____

Matter of _____, an incapacitated/disabled person.

LIST OF RELATIVE AND
POTENTIAL HEIRS AT LAW

I, _____, hereby state to the Court
that to the best of my knowledge and belief that:

*the ward/protectee has no Will to my knowledge,

*the purported Will has been filed with the Court,

and the ward will be residing at _____

_____ and further
that the following is a true and accurate list of the names and addresses of all of the nearest
relatives and potential heirs at law of the above named incapacitated/disabled person.

Name	Address	Relationship

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.

Signature _____

Address _____

Phone _____

***strike if inapplicable**

