Reset Form

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

Matter of _____, disabled and now deceased.

NOTICE OF DEATH OF PROTECTEE
APPLICATION THAT NO LETTERS OF ADMINISTRATION BE GRANTED
AND TO CLOSE THE ESTATE
(Sec. 475.320 RSMo.)

The undersigned as Conservator of the Estate of Protectee, _____, who was disabled and is now deceased, states to the Court that:

1. Said Protectee died INTESTATE on _____.
2. First publication of notice of grant of Letters of Conservatorship was on _____.
3. Said Protectee left no debts for which the estate would be liable, other than funeral and burial expenses, taxes, obligations of the Protectee incurred by the Conservator and expenses of administration;
4. The domicile of the Protectee was _____.
5. The probable value of the Protectee's estate is Real Property $_____ and, Personal Property $_____..
6. Applicant___believe___there are *no heirs whose names and addresses are unknown to the Applicant___;
7. That the names, relationships to the decedent and resident addresses of the surviving spouse and heirs, with an indication of those believed by the Applicant___ to be of unsound mind, and the birth dates of those who are minors and, so far as is known to the Applicant___, the names and addresses of the Conservators of those who are minors or disabled are as follows:

NAME (Include all Guardians/Conservators)	RELATIONSHIP (Thru Whom)	BIRTH DATE (If Under 18)	RESIDENCE (Complete Address)

*Strike if inapplicable

WHEREFORE, Applicant ___ request ___ that no Letters of Administration be granted on the above estate and that the Conservator ___ be permitted to pay costs, taxes, and claims as permitted in Section 475.320 RSMo., and thereafter make distribution in the manner provided by law.

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.

Date

Applicant

Address

Phone

Attorney Register #

Address Phone