

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

Matter of _____, incapacitated now
deceased.

STATEMENT OF DEATH

_____, states that, _____
_____ age _____, died on _____
_____, 20_____.

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: _____

Signature _____

Address _____

Phone _____

