Reset Form

CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No. _____

Matter of _____, incapacitated/disabled/minor.

DESIGNATION OF RESIDENT AGENT

I, _____ residing at _____ _____, State of _____, desiring to serve as Guardian-Conservator of the above named incapacitated/disabled person/minor pursuant to Section 475.055 RSMo., hereby appoint _____, as my agent for service of process upon me and for the receipt of all notices to me within the State of Missouri concerning said estate.

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

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

I, _____, residing at _____ _____, Missouri, telephone number _____, having been appointed pursuant to Section 475.055 RSMo., to act as agent for service of process on and receipt of notice to __ _____ within the State of Missouri, concerning the above estate, hereby acknowledge such appointment and consent to act as such agent.

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: _____

_____
Resident Agent