CIRCUIT COURT OF CLAY COUNTY, MISSOURI
PROBATE DIVISION

No._____

Matter of _____, Deceased.
            First   Middle   Last

APPLICATION FOR LETTERS OF ADMINISTRATION
(473.017 & 473.780 RSMo.)

I,_____ state to the Court that the deceased, whose last residence was_____, died intestate on _____, birth date _____, age _____ years, sex_____, and,

That the probable value of the deceased's estate is; Real Property $_____ and Personal Property $_____. (If deceased not domiciled in Missouri, state why venue is in Clay County.) _____

That the names, relationships to the decedent and, residence addresses of the surviving spouse and heirs, with an indication of those believed by applicant___, to be of unsound mind and the birth dates of those who are minors, and, so far as is known to applicant___, the names and addresses of the Guardian/Conservator of those who are minors or incapacitated/disabled, are as follows:

Name Include Spouse, Children, Parents, Lineal Descendants, Guardians/Conservators, Trustees	Relationship (thru whom)	Birthdate (if under 18)	(Complete Address)
	*Surviving Spouse		

That the applicant___ believe___ there are no heirs whose names and addresses are unknown to applicant___, except as stated above.

All beneficiaries survived the deceased by more than 120 hours, except as stated above.

(*If none, please so state)

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That if Letters are issued, applicant___ will make a complete inventory of the estate, pay all debts, if any, as far as the assets will extend and the law directs, and account for the pay out or distribute all assets which come into applicant's possession and perform all things required by law concerning the administration and;

That application is made for **SUPERVISED --**INDEPENDENT Administration.

WHEREFORE, applicant___ request___ that Letters of Administration be granted on the above named decedent's 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.

Applicant_____ Applicant_____
Address_____ Address_____
_____ _____
Phone #_____ Phone #_____

Attorney:_____
　　　　REQUIRES A SIGNATURE
Address_____
Phone:_____ Bar No.:_____

RENUNCIATION OF RIGHT TO ADMINISTER

We, the undersigned entitled to administer on the estate of _____, deceased, hereby renounce our right to administer on the estate of said deceased, also, consent to **SUPERVISED - INDEPENDENT administration and request that Letters of Administration be issued to _____, whose address **is --**are

_____.

SIGNATURE	RELATIONSHIP	RESIDENCE

NOTE: Personal Representative must file an amended application if he learns that this one is incomplete or incorrect.

**strike if inapplicable