

CIRCUIT COURT OF CLAY COUNTY, MISSOURI  
PROBATE DIVISION

No. \_\_\_\_\_

Matter of \_\_\_\_\_, deceased.  
(first) (middle) (last)

**APPLICATION FOR DETERMINATION OF HEIRSHIP**  
(473.663 RSMo.)

The undersigned applicant, \_\_\_\_\_, represents  
and states to the Court:

1. That \_\_\_\_\_, age \_\_\_\_\_, died on  
\_\_\_\_\_, domiciled in  
\_\_\_\_\_, and residing at  
\_\_\_\_\_;
2. That no administration has been commenced on decedent's estate in this state nor has  
any Will of the decedent been offered for probate in this state;
3. That the names, ages, residence addresses and, relationship to the decedent of the  
heirs, so far as known or can with reasonable diligence be ascertained are:

NAME	AGE	ADDRESS	RELATIONSHIP



4. That the names and residence addresses of the persons claiming any interest in the property through an heir, so far as known or can with reasonable diligence be ascertained are:

NAME	AGE	ADDRESS	RELATIONSHIP

5. And the attached hereto marked, as Schedule "A" is a list of all property and its net value, owned by the decedent, at the time of death, to the best knowledge of this applicant.

WHEREFORE, applicant requests that the Court order that a hearing be held on this application with notice to all interested parties as provided in Section 473.663 RSMo. And, that the Court then determines the heirs of the decedent at the time of death.

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.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

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Attorney for applicant \_\_\_\_\_ Bar # \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

