

IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the matter of

_____ No. _____
Decedent

AFFIDAVIT FOR COLLECTION OF SMALL ESTATE

Come(s) now _____, being duly sworn on oath and state(s) that _____, whose domicile and last residence address was _____, St. Louis County, Missouri, died on the _____ day of _____, _____; that decedent left _____ purported last will and testament (dated the _____ day of _____, _____); that the entire estate, less liens, debts and encumbrances, does not exceed \$40,000.00; that no application for letters testamentary or letters of administration or for refusal of letters is pending or has been granted; that all unpaid debts, claims or demands against the decedent's estate and all estate taxes due, if any, on the property transfers involved, have been or will be paid except that any liability by the affiant for the payment of unpaid claims or demands shall be limited to the value of the property received; and that thirty days have elapsed since the death of the decedent.

Affiant further states that the following are the NAMES, ADDRESSES, and RELATIONSHIPS to the decedent of the persons entitled to the property of the decedent pursuant to the laws of descent and distribution of the State of Missouri.

OR

Affiant further states that the following are the NAMES, ADDRESSES, and RELATIONSHIPS to the decedent of the persons entitled to the property pursuant to the last will and testament of the decedent:

HEIRS/LEGATEES OR DEVISEES:

<u>NAME</u>	 <u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>BIRTHDATE IF MINOR</u>
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Affiant further states that the following is an itemized description and valuation of the property of the decedent, and the names and addresses of the persons having possession thereof:

Description of Property:

Value

Total

Subscribed and sworn to before me this

____ day of _____, _____.

(Seal)

Notary Public

Notary Commission expires:

Publish _____

Affiant's Signature

Affiant's Name (Typed)

Street Address

City State Zip Code

Telephone No.

Attorney's Signature

Attorney's Name (Typed) – MBE#

Street Address

City State Zip Code

Telephone No.