

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

In the matter of

Minor

No. _____

**PETITION FOR THE APPOINTMENT
OF CONSERVATOR OF MINOR**

Come(s) now _____
of full age, and state(s) that:

_____, born _____, whose
(Minor)

address & domicile is _____ (and)

_____, born _____, whose
(Minor)

address & domicile is _____ (and)

_____, born _____, whose
(Minor)

address & domicile is _____ (and)

_____, born _____, whose
(Minor)

address & domicile is _____ (and)

_____, born _____, whose
(Minor)

address & domicile is _____

the owner (s) of lands located in the State of Missouri of the probable value of \$ _____;
and personal property of the probable value of \$ _____; said property or the major part thereof is
located in St. Louis County, Missouri.

The reasons why the appointment of a conservator is sought are: _____

The parents of said minor(s) and their addresses are:

(Name)

(Address)

(Name)

(Address)

Said minor(s) not married. (List name & address of spouse if any):

(Name) (Address)

Said Minor(s) in the custody of:

(Name) (Address)

Said Minor(s) no guardian of the person and conservator of the estate.

Petitioner requests that letters of conservatorship issue to _____

_____, the _____
(relationship to minor)

who is not now guardian or conservator for any wards.

WHEREFORE, petitioner prays that _____ be appointed conservator to have the _____

_____ of the above named minor(s) under the supervision of the court.

(Charge of the estate)

Petitioner(s) state(s) that the foregoing is made on this _____ day of _____, _____,

under oath or affirmation, and its representations are true and correct to the best of petitioner(s) knowledge and

belief, subject to the penalties of making a false affidavit or declaration.

Attorney's Signature

Petitioner's Signature

Attorney's Name (Typed)

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone. No.

Telephone No.

Attorney's Signature

Petitioner's Signature

Attorney's Name (Typed)

Petitioner's Name (Typed)

Street Address

Street Address

City State Zip Code

City State Zip Code

Telephone. No.

Telephone No.

Send Fee Bills to _____ Minute Notices to: Attorney _____ Fiduciary _____

*Strike those portions not applicable.