

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

In the matter of:

Estate No.

\_\_\_\_\_

**STIPULATION FOR INTRODUCTION OF INTERROGATORIES**

It is hereby stipulated and agreed that the deposition of \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

be taken by a Notary Public on the interrogatories set forth herein and when signed by the Deponent and certified to by the Notary Public, may be read in evidence at the hearing of the above entitled matter, all notice and cross interrogatories being waived.

\_\_\_\_\_

Attorney for Petitioner

\_\_\_\_\_

Attorney for Respondent

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

In the matter of:

Estate No.

\_\_\_\_\_  
Respondent

Deposition of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_, before me, \_\_\_\_\_,

a Notary Public within and for the County of \_\_\_\_\_, State of Missouri, personally

appeared \_\_\_\_\_, who, after being sworn, testified as follows:

**INTERROGATORIES**

- 1. Q. Please state your name, age and residence.  
A.
  
- 2. Q. What is your occupation, business or profession?  
A.
  
- 3. Q. Are you licensed to practice medicine in the State of Missouri?  
A.
  
- 4. Q. If your answer to Interrogatory number 3 above is affirmative, is your license subject to any restrictions imposed by the Board of Healing Arts of the State of Missouri?  
A.
  
- 5. Q. Where are you employed and in what capacity?  
A.

6. Q. Are you acquainted with \_\_\_\_\_?

A.

7. Q. Have you had occasion to examine, observe and treat \_\_\_\_\_?

A.

8. Q. What was the date of such examination, or between what dates has \_\_\_\_\_ been under your supervision?

A.

9. Q. Give the symptomatology which you observed and both the neurological and mental diagnoses which you have made, based upon your examination and observation of \_\_\_\_\_.

PLEASE STATE FULLY THE FACTS UPON WHICH YOUR DIAGNOSTIC CONCLUSIONS ARE BASED – NOT ACCEPTABLE AS EVIDENCE OTHERWISE.

A.

10. Q. Do you consider \_\_\_\_\_ to be “disabled,” that is, unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to manage her financial affairs?

A.

11. Q. Please describe the physical and/or mental conditions upon which your answer to Interrogatory 10 is based.

A.

12. Q. Do you consider \_\_\_\_\_ to be “incapacitated,” that is, unable by reason of any physical or mental condition to receive and evaluate information or to communicate decisions to such an extent that he/she lacks ability to meet his/her essential requirements for food, clothing, shelter, safety, or medical care such that serious physical injury, illness, or disease is likely to occur were a guardian not appointed for him/her?

A.

13. Q. Please describe the physical and/or mental conditions upon which your answer to Interrogatory 12 is based.

A.

14. Q. Do you consider it for \_\_\_\_\_’s best interest to bring about the appointment of a guardian to protect his/her person?

A.

15. Q. Do you consider it for \_\_\_\_\_'s best interest to bring about the appointment of a conservator to manage his/her resources?

A.

16. Q. Do you consider \_\_\_\_\_ to be "incompetent," i.e., of unsound mind?

A.

17. Q. State anything further you may have to say regarding the alleged disability, incapacity, or incompetence of \_\_\_\_\_.

A.

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Deponent

KNOW ALL MEN BY THESE PRESENTS, that I, the undersigned Notary Public hereby certify that the above named Deponent was first duly sworn by me to make the true answers to the foregoing interrogatories; that said interrogatories were read by me to Deponent; that the answers thereto are correctly recorded as hereinabove set forth; and that this deposition was subscribed by the Deponent in my presence.

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Notary Public

My commission expires: \_\_\_\_\_