

IN THE CIRCUIT COURT OF CASS COUNTY, MISSOURI
PROBATE DIVISION IV

NEW ESTATE ABBREVIATED MATTERS CHECKLIST

Refusal of Letters – Items Required for Filing

- Copy of paid bills for Decedent
- Copy of Decedent's Death Certificate (photocopy only)
- Copy of information to be claimed (bank statement, insurance policy, etc.)
- A letter from Realtor or similar individual declaring value of Real Property (if applicable)
- Full Legal Description of real estate (if applicable)
- Filing fee in the amount of \$53.00 must be provided (payable to Cass County Clerk)
- Party information sheet must be completed in full
- Application form must be completed in full
- Copy of paid funeral bill
- Any additional documentation you deem necessary

If filing documents pro se (without an attorney), you will be required to follow all the rules and requirements that attorney's follow for you are taking on the same responsibilities of an attorney. The Court and Court Clerks are prohibited in giving any type or form of legal advice. If you are in need of assistance in completing the above requirements as a pro se applicant, you must to seek the advice of legal counsel.

TOTAL FEES DUE AT FILING:

\$ 53.00 Filing Fee



IN THE CIRCUIT COURT OF CASS COUNTY, MISSOURI

Probate Division	Case Number: _____
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In the Estate of _____, Deceased.

(Date File Stamp)

Application of Creditor for Refusal of Letters

The applicant states that the decedent died on _____ residing at _____, leaving no surviving spouse or unmarried minor children; that after giving credit for all payments and offsets to which the estate is entitled there is now due and owing applicant, as a creditor of decedent, the sum of \$ _____, for _____.

The entire estate of decedent does not exceed the value of \$15,000.00 and consists solely of personal property described and of a value as follows:

Description of Property	Value

<input checked="" type="checkbox"/> See Appendix A.	Total \$ _____

Applicant further states that if this application is granted, applicant will pay the debts of decedent so far as the assets thereof will permit, in the order of preference established by law, and will distribute the balance of said estate, if any, to the persons entitled thereto under the law.

Wherefore, applicant prays the court order no letters be granted on said estate unless on the application of creditors or other parties interested the existence of other or further property is shown.

The applicant swears that the matters set forth above are true and correct to the best knowledge and belief of the applicant, subject to the penalties of making a false affidavit or declaration.

Date: _____

 Signature of Attorney for Applicant

 Signature of Applicant

(Name/Bar Number/Address/Telephone)

(Name/Address/Telephone)

Appendix A

Decedent:

Case Number:

Description of Property

Value

TOTAL:

CONFIDENTIAL CASE FILING INFORMATION SHEET – NON-DOMESTIC RELATIONS

INSTRUCTIONS:

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at www.courts.mo.gov on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

NOTE: The full Social Security Number (SSN) is **required** pursuant to Missouri Supreme Court Operating Rule 4 if the party is a person; exception can only be granted if the information is not reasonably available. **This is a confidential record due to the SSN and possible confidential addresses. However, this information is used to open a case in the Missouri State Courts Automated Case Management System. Cases deemed public under Missouri Revised Statutes can be accessed through Case.net. The day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net access.**

Filing Date: _____ County/City: _____

Style of Case: _____
 (i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: _____ Case Type Description: _____

Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: _____ Bar ID (required if attorney): _____

Address (if not shown above): _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.