

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

NEW ESTATE ABBREVIATED MATTERS CHECKLIST

Refusal of Letters (Spouse) – Items Required for Filing

- 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 17TH JUDICIAL CIRCUIT COURT, CASS COUNTY, MISSOURI

Judge or Division: PROBATE	Case Number: _____
In the Estate of _____, Deceased.	

(Date File Stamp)

Application of Surviving Spouse for Refusal of Letters

The applicant, surviving spouse of the decedent, states that decedent died on _____, residing at _____, survived by applicant and ___ unmarried minor child(ren), leaving an estate in this state, the value of which, less liens and encumbrances, is not greater in amount than is allowed by the law as exempt property and maintenance of applicant and unmarried minor child(ren) for one year after the death of decedent. The estate consists solely of the property described and of value as follows:

Description of Property

Value

See Appendix A.

Total \$

Unmarried minor child(ren) of the decedent who is(are) not the child(ren) of the applicant is(are) as follows:

Name of Child

Date of Birth

Name/Address of Custodian

Wherefore, applicant prays the court order that no letters be granted on said estate unless on the application of creditors or other interested parties 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

Real Property

Personal Property

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.*