

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

FILING OF A WILL CHECKLIST

Items Required for FILING a Will ONLY

- Copy of Decedent's Death Certificate (photocopy only)
- Submission of an Original Will
- Application for Filing Purposes ONLY will need to be completed in full
- Party information sheet must be completed in full

Items Required for ADMITTING a Will

- Copy of Decedent's Death Certificate (photocopy only)
- Submission of an Original Will
- Application for Admitting a Will to Probate will need to be completed in full
- Party information sheet must be completed in full

BOTH Application/Statement forms are attached to this packet. Please only complete ONE Statement/Application as it applies to your situation or request.

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:

- \$ -0- Filing a Will ONLY
- \$ 53.00 Admitting the Will Filing Fee

ACCEPTABLE PAYMENTS: Credit Card, Cash, Cashier's Check, Money Order
Personal Checks are NOT Accepted



IN THE CIRCUIT COURT OF CASS COUNTY

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

(Date File Stamp)

Statement as to Filing of Instrument in Writing for Probate – for FILING ONLY

I, the undersigned, have this date _____ deposited with the Probate Division of Cass County, Missouri, for filing ONLY, written instrument(s) dated _____ of deceased, who resided at _____ and who died on _____.

I do NOT, at this time, request proof of same or an Order Admitting or Denying same to Probate.

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

Date: _____

By: _____, Depositor
(Signed Name)

(Printed Name)



IN THE CIRCUIT COURT OF CASS COUNTY

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

(Date File Stamp)

Statement as to Death and Presentment of Instrument in Writing for Probate

The undersigned states that the above-named decedent, who died on _____ and who resided at _____.

That the surviving spouse of decedent is _____. (if none, so state) whose address is: _____.

That said decedent left _____ instrument(s) in writing, dated _____.

- That said instrument dated _____ (is) (is not) self-proved, per Sec. 474.337 RSMo.
- That the subscribing witnesses to said instrument(s) (and Codicil(s) thereto) whose names and addresses are:

Witness#1: _____

Witness#2: _____

Witness#3: _____

WHEREFORE, Petitioner prays that after said instrument(s) (and Codicil(s) thereto) has/have been duly proved, that an order be entered admitting the same to probate and recorded as the Last Will and Testament (and Codicil(s) thereto) of said decedent.

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

Date: _____

By: _____

Petitioner

Probate Division Party Information Sheet

INSTRUCTIONS:

- ✓ You must provide the following information about Depositor and Decedent.
- ✓ Type or neatly print in black ink.

PARTIES

Party Type: <u>DEPOSITOR</u>	
Last Name: _____	First Name: _____
Middle Name: _____	Address: _____
City: _____	State: _____ Zip: _____
DOB: _____	SSN: _____
<i>Required</i>	

Party Type: <u>DECEDENT</u> (Date of Death: _____)	
Last Name: _____	First Name: _____
Middle Name: _____	Address: _____
City: _____	State: _____ Zip: _____
D.O.B.: _____	SSN: _____
<i>Required</i>	