

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

FILING OF A WILL – ITEMS REQUIRED FOR FILING

- Photocopy of Decedent's Death Certificate (certified copy is not required)
- ORIGINAL of Will must be submitted to the Court
- Probate Division Party Information Sheet must be completed in full (form is attached hereto)
- Statement as to Filing of Instrument in Writing for Probate – for FILING ONLY (form is attached hereto)
- There is no filing fee for presenting a Will to the Court for FILING ONLY

If you are filing a Will with the Court pro se (without an attorney), you are required to follow all of the rules and requirements that attorneys follow. The Court and Court Clerks are prohibited from giving any legal advice. If you need assistance in completing the above requirements pro se, you will need to seek the advice of an attorney.

MAILING ADDRESS:

Clerk of the Circuit Court
ATTENTION: Probate
2501 W. Mechanic Email:
Harrisonville, Mo 64701

Phone: 816-380-8217
Division Fax: 816-380-8215
cass.div4@courts.mo.gov

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

PROBATE DIVISION PARTY INFORMATION SHEET
PLEASE PRINT

DECEDENT:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

Date of Birth: _____ SSN: _____

DEPOSITOR (person filing the Will):

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____

Phone Number: _____

Date of Birth: _____ SSN: _____

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

IN THE ESTATE OF

_____, Deceased

Case No. _____

**STATEMENT AS TO FILING OF INSTRUMENT
IN WRITING FOR PROBATE – FOR FILING ONLY**

I, the undersigned, have this _____ day of _____, 2018, deposited with the Probate Division of Cass County, Missouri, for FILING ONLY, the written instrument dated _____ of the 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.

Signature of Depositor

Name of Depositor (print)

Address: _____

Phone No. _____