

General Information for Filing a
Petition for Letters of Administration
Rev. 11-2018

Information that you enter on these forms can be saved on your computer ONLY if you are using Adobe Acrobat Version 8.0 or higher. They can be completed using the FREE Adobe Reader but you will not be able to save the information you enter.

The forms listed below are interactive. You can enter the information on these forms before you print them. If you fill the forms in on your computer, much of the information you enter on one form is automatically transferred to the other forms. For example, when you type a name as petitioner on the “Petition for Letters of Administration”, that name will appear on any of the other forms where petitioner appears.

The packet contains bookmarks. These bookmarks help you navigate throughout these forms. There are “links” embedded in the forms. These links are usually green, and can take you to a related location in the forms. There is a hyperlink that will take you to the Missouri HealthNet Waiver form.

The Filing Requirement Checklist is now included in the packet.

E-filing information – the Petition for Letters of Administration and Exhibit A can be submitted as one document. If applicable, the Consents to Independent Administration and Renunciations of Right to Administer and Nomination of Person to Administer, Designation of Resident Agent and Bond MUST be filed as separate documents. Multiple consents and renunciations can be submitted as one (1) pdf document but must be a separate document from the petition.

Table of Contents

You may click on the green underlined text below to take you to each of the forms.

1. [Checklist of Requirements to File a Petition for Letters of Administration \(CCPR168-W\)](#)
Used as a guideline for all requirements to file a Petition for Letters of Administration.
2. [Petition for Letters of Administration \(CCPR169-W\)](#)
This form must be completed and signed by the petitioner and attorney. It should be completed with the requested information as best they can. If there are areas that are not applicable, put N/A. Do not leave any question blank.
3. [Exhibit A – Heirs \(CCPR148-W\)](#)
Use this form to list all of the heirs of the decedent. It can be filed as part of the Petition for Letters of Administration.
4. [Consent to Independent Administration \(CCPR160-W\)](#)
This form is required when requesting Independent Administration and must be filed by all competent adult heirs. Multiple consents can be filed as one (1) pdf document but must be a separate document from the petition.
5. [Renunciations of Right to Administer and Nomination of Person to Administer \(CCPR161-W\)](#)
This form must be filed by all persons entitled to act as personal representative nominating the person to act as personal representative. Multiple renunciations can be filed as one (1) pdf document but must be a separate document from the petition.
6. [Designation of Resident Agent/Acceptance of Appointment as Resident Agent \(CCPR163-W\)](#)
When the person asking to be appointed personal representative does not live in Missouri, this form must be completed and filed.
7. [Corporate Surety Bond – Decedent’s Estate \(CCPR170-W\)](#)
May be required for all persons asking to be appointed as personal representative.

**CIRCUIT COURT OF ST. LOUIS COUNTY
PROBATE DIVISION**

**Checklist of Requirements to File a
Petition for Letters of Administration**

Case Category – Probate Decedent Estates

Case Type – Independent Administration – Without Will

Supervised Administration – Without Will

NOTE: *Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division. Documents shown in bold italics should be filed as separate documents.*

COURT FORMS:

- ☐ 1. ***Petition for Letters of Administration. See instructions.*** (Document Category – Application for Letters)
- ☐ 2. Exhibit A – Heirs – can be filed as part of Petition for Letters of Administration
- ☐ 3. ***Consent to Independent Administration, if applicable. See instructions.*** (Document Category – Consent by/for/to – Independent Administration)
- ☐ 4. ***Renunciations of Right to Administer and Nomination of Person to Administer, if applicable. See instructions.*** (Document Category – Filing – Other/Miscellaneous – Renunciation – Right to Serve)
- ☐ 5. ***Designation of Resident Agent/Acceptance of Appointment as Resident Agent, if applicable. See Instructions.*** (Document Category – Filing – Other/Miscellaneous – Designation of Resident Agent)
- ☐ 6. ***Corporate Surety Bond – Decedent’s Estate, if applicable. See instructions.*** (Document Category – Filing – Other Miscellaneous – Surety Bond)

ADDITIONAL DOCUMENTS:

- ☐ 1. Copy of ***Death Certificate*** to verify date of death and jurisdiction. (Document Category – Certificate of)
- ☐ 2. ***Request for Hearing, if applicable. See instructions.*** (Document Category – Request for/to – Request (other))
- ☐ 3. ***Motion to Waive Bond, if applicable. See instructions.*** (Document Category – Motion to/for)
- ☐ 4. ***Consents to Waiver of Bond, if applicable. See instructions.*** (Document Category – Consent by/to/for – Consent (other))
- ☐ 5. ***Missouri HealthNet Waiver*** (Document Category – Filing – Other/Miscellaneous). Hyperlink for form: <https://dss.mo.gov/mhd/general/pdf/886-4354.pdf>

INSTRUCTIONS:

- ☐ 1. Must be filed within 1 year of date of death of DECEASED.
- ☐ 2. Party information for all parties must be entered into e-filing system. This includes the decedent, spouse, heirs and designated agent **with full social security numbers and birth dates.**
- ☐ 3. Fill in **all blanks** and **check boxes** on all forms. If not applicable, please indicate by using N/A.
- ☐ 5. ***Petition for Letters of Administration:***
 - ☐ Complete name of decedent along with age and sex
 - ☐ Complete residence address of decedent
 - ☐ Date of death of decedent
 - ☐ Estimate of values for real estate and personal property
 - ☐ Petitioner's relationship to decedent
 - ☐ Check appropriate box for qualification to be appointed personal representative
 - ☐ Check appropriate box for marital status of decedent
 - ☐ Widowed – need date of death of Spouse
 - ☐ Married – need name and complete address of surviving Spouse
 - ☐ Check appropriate box for spouse as parent of all decedent's children
 - ☐ Exhibits A – list complete names, addresses, and relationships of all heirs
 - ☐ Check appropriate box for requesting independent or supervised administration
 - ☐ Check appropriate boxes for
 - ☐ With or without supervision of court
 - ☐ Non-resident petitioner –
 - ☐ List name of person designated as resident agent
 - ☐ Complete signature block information for Designated Resident Agent
 - ☐ Complete affirmation date
 - ☐ Must be signed by petitioner and attorney
 - ☐ Check box for choice of newspaper for publication of Notice of Letters
- ☐ 6. Independent Administration requested:
 - ☐ File ***Consents to Independent Administration*** from all competent adult heirs. Multiple consents can be filed as one (1) pdf document but must be a separate document from the petition.
- ☐ 7. Appointment of Personal Representative:
 - ☐ File ***Renunciation of Right to Administer and Nomination of Person to Administer*** from **all** persons entitled to act as personal representative. Multiple renunciations can be filed as one (1) pdf document but must be a separate document from the petition.
 - ☐ Unable to obtain **all** renunciations, then file a ***Request for Hearing*** to set the petition for hearing.
 - ☐ Non-resident:
 - ☐ File ***Designation of Resident Agent/Acceptance of Appointment as Resident Agent***

- ☐ 8. **Bond:**
- ☐ **Supervised Administration:**
 - ☐ **Corporate Surety Bond – Decedent’s Estate**
 - ☐ Amount of the personal property rounded up to the next thousand
 - ☐ Value of personal property shown as \$0.00 – need \$1,000.00 bond
 - ☐ Value of personal property shown as unknown - need \$40,000.00 bond.
 - ☐ Requires Acknowledgment of Principal; Acknowledgment of Surety; and Power of Attorney for Attorney in Fact to be attached to bond.
 - ☐ **Independent Administration:**
 - ☐ **Corporate Surety Bond – Decedent’s Estate**
 - ☐ Amount of the real and personal property rounded up to the next thousand.
 - ☐ Requires Acknowledgment of Principal; Acknowledgment of Surety; and Power of Attorney for Attorney in Fact to be attached to bond.
 - ☐ Bond waived – a **Motion to Waive Bond** may be filed when all requirements listed below have been met:
 - ☐ If your petition is on file; has not been granted and the 1 year expires while pending or assets are of zero (0) value and:
 - ☐ **Consents** to waive bond from all adult competent beneficiaries are attached.
 - ☐ **Missouri HealthNet Waiver** is filed.
 - ☐ Any exceptions will be decided on a case by case basis.

FILING FEES:

- ☐ Click hyperlink for most recent fees.
<http://wp.stlcourtscourts.com/wp-content/uploads/PDF/Probate/ProbateFees.pdf>

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

In the matter of

Decedent

No. _____

PETITION FOR LETTERS OF ADMINISTRATION

Come(s) now _____, of full age, and state(s) that
_____, _____, _____, whose domicile and last
residence address was _____
Age Sex

Street Address

City

State

Zip Code

St. Louis County, Missouri, died intestate on the _____ day of _____;

that decedent left real property in the State of Missouri with a probable value of \$_____

and personal property with a probable value of \$_____; that petitioner(s) as the

_____ of decedent
(relationship)

is qualified to be appointed personal representative(s) of decedent's estate by: ☐ statute; ☐ consent of all interested parties; ☐ by authorization of this court.

Petitioner(s) further state(s) that ☐ he ☐ she ☐ they will make a perfect inventory of the estate, pay the debts and legacies, if any, as far as the assets extend and the law directs, account for and distribute or pay all assets which come into ☐ his ☐ her ☐ their possession and perform all things required by law touching the administration of the estate.

At death, decedent was ☐ single; ☐ married; ☐ widowed – date of death of spouse _____; ☐ divorced.

The surviving spouse is _____ who resides at _____.

If married, decedent's spouse ☐ is ☐ is not the parent of all of decedent's children.

Petitioner(s) further state(s) that the NAMES, RESIDENCE ADDRESSES and RELATIONSHIPS to decedent of the heirs are set forth on the attached Exhibit A - Heirs; further the names and addresses of any guardians or conservators of any minors or disabled heirs and the birthdates of any minor heirs are set forth on the attached Exhibit A – Heirs.

There are no other heirs known to petitioner(s) who are of unsound mind or other heirs whose names and addresses are unknown to petitioner(s).

☐ Supervised ☐ Independent administration is requested. If independent administration is requested, consents of all heirs to independent administration are attached hereto.

WHEREFORE, petitioner(s) pray(s) that the court appoint _____ as personal representative(s) to administer decedent's estate ☐ with ☐ without supervision of the court and upon filing the required bond.

If petitioner(s) is a nonresident of Missouri or is a corporation organized under the laws of another state or country, that petitioner appoint _____ as resident agent for service of process. The foregoing is made on this _____ day of _____, _____, under oath or affirmation, and its representations are true and correct to the best of petitioner(s) knowledge and belief subject to the penalties of making a false affidavit or declaration.

Attorney's Signature

Attorney's Name (Typed)

Street Address

City State Zip Code

Applicant's Signature

Applicant's Name (Typed)

Street Address

City State Zip Code

Telephone and Fax Number

E-mail Address

Telephone

Attorney's Signature

Attorney's Name (Typed)

Street Address

City State Zip Code

Applicant's Signature

Applicant's Name (Typed)

Street Address

City State Zip Code

Telephone and Fax Number

E-mail Address

Telephone and Fax Number

E-mail Address

Publish Notice of Letters in:
☐ Missouri Lawyers Media (St. Louis Countian)
☐ St. Louis County Legal Ledger

Designated Resident Agent's Signature

Designated Resident Agent's Name (Typed)

Street Address

City State Zip Code

Telephone and Fax Number

NOTE: Missouri Healthnet Waiver must be filed before the estate can be closed. Hyperlink to form:
<https://dss.mo.gov/mhd/general/pdf/886-4354.pdf>

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

In the matter of

No. _____

Decedent

EXHIBIT A - HEIRS***Any information that is not applicable should be marked N/A on the name line.****SPOUSE OF DECEDENT:**Name _____ ☐ Deceased Date of Death _____

Address: _____

List Personal Representative of Estate and Estate Number if Deceased Spouse Survived Decedent:

LIVING CHILDREN OF DECEDENT:Name _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoAddress _____ Under Age 18? ☐ Yes ☐ NoName _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoAddress _____ Under Age 18? ☐ Yes ☐ NoName _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoAddress _____ Under Age 18? ☐ Yes ☐ NoName _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoAddress _____ Under Age 18? ☐ Yes ☐ NoName _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoAddress _____ Under Age 18? ☐ Yes ☐ No**DECEASED CHILDREN OF DECEDENT:**Name _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoDate of Death: _____ Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Child Survived Decedent:

Name _____ Mutual child of Decedent and Spouse? ☐ Yes ☐ NoDate of Death: _____ Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Child Survived Decedent:

ONLY COMPLETE - If Decedent had no spouse or children/grandchildren:

MOTHER:

Name _____ ☐ Deceased Date of Death _____

Address _____

FATHER:

Name _____ ☐ Deceased Date of Death _____

Address _____

LIVING SIBLINGS:

Name _____ Whole Sibling ☐ Yes ☐ No

Address _____ Under Age 18? ☐ Yes ☐ No

Name _____ Whole Sibling ☐ Yes ☐ No

Address _____ Under Age 18? ☐ Yes ☐ No

Name _____ Whole Sibling ☐ Yes ☐ No

Address _____ Under Age 18? ☐ Yes ☐ No

Name _____ Whole Sibling ☐ Yes ☐ No

Address _____ Under Age 18? ☐ Yes ☐ No

Name _____ Whole Sibling ☐ Yes ☐ No

Address _____ Under Age 18? ☐ Yes ☐ No

DECEASED SIBLINGS:

Name _____ Whole Sibling ☐ Yes ☐ No

Date of Death: _____ Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

Name _____ Whole Sibling ☐ Yes ☐ No

Date of Death: _____ Attach List of Descendants if Predeceased ☐ Yes ☐ N/A

List Personal Representative of Estate and Estate Number if Deceased Sibling Survived Decedent:

***Attach additional sheets if necessary.**

If Decedent had no spouse, children, or grandchildren and Decedent's parents pre-deceased and Decedent had no siblings or their siblings pre-deceased without descendants, provide the names, addresses, and relationship of any remaining heirs-at-law on a family tree attached to this form.

§ 473.017 and § 474.010 RSMo.

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

In the matter of

Deceased

No. _____

CONSENT TO INDEPENDENT ADMINISTRATION

The undersigned, _____,
Name (typed)

hereby consents to independent administration of the estate of the above named decedent.

Date

Signature

Street Address

City State Zip Code

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

In the matter of

_____ No. _____
Deceased

**RENUNCIATION OF RIGHT TO ADMINISTER AND
NOMINATION OF PERSON TO ADMINISTER**

The undersigned, _____,
hereby renounces the right to administer the estate of the above named decedent.

☐

The undersigned declines to nominate a personal representative

☐

The undersigned nominates _____

whose address is _____

_____ to be appointed personal representative(s) of the above estate.

Date

Signature

Street Address

City

State

Zip Code

***If requesting the appointment of an independent personal representative, the Consent to Independent Administration form must be completed and filed with this form.**

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

In the matter of

_____ No. _____

 Deceased

DESIGNATION OF RESIDENT AGENT

I, _____, residing at _____,
 City of _____, State of _____, desiring to serve as
 personal representative of the above named decedent, pursuant to Section 473.117 RSMo, hereby appoint
 _____ my agent for service of process upon me
 within the State of Missouri, concerning said estate.

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

Dated: _____

 Proposed Personal Representative

ACCEPTANCE OF APPOINTMENT AS RESIDENT AGENT

I, _____, residing at _____,
 in _____, Missouri, telephone number _____, having
 been appointed, pursuant to Section 473.117 RSMo, to act as agent for service of process on and receipt of
 notice to _____ within the State of Missouri, concerning the above estate, hereby
 acknowledge such appointment and consent to act as such agent and I will accept all service of process brought
 against _____, within the State of Missouri.

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

Dated: _____

 Resident Agent

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

Estate of _____

No. _____

Bond \$ _____

Deceased

**CORPORATE SURETY BOND
(Decedent Estate)**

_____ as principal(s) and _____

as surety are held and firmly bound to the State of Missouri, to the use of all persons interested in the estate, and for the security and benefit of such persons in the sum of \$ _____ for the payment of which we bind ourselves, our heirs, our personal representatives and assigns, jointly and severally.

The condition of the bond is that if _____, personal representative(s), shall faithfully administer the estate, account for, pay and deliver all moneys and property of the estate and perform all other things touching the administration as required by law, or the order of decree of any court having jurisdiction, then the above bond is void, otherwise to remain in full force.

IN WITNESS WHEREOF, we have hereunto subscribed our names this _____ day of _____, _____.

Principal's Signature_____
Principal's Signature_____
Street Address_____
Street Address_____
City State Zip Code_____
City State Zip Code_____
Principal's Signature_____
Principal's Signature_____
Street Address_____
Street Address_____
City State Zip Code_____
City State Zip Code

Approved this _____ day of _____, _____.

JOAN M. GILMER, CIRCUIT CLERK

Probate Division, Circuit Court
St. Louis County, Missouri

By: _____
Deputy Clerk

Surety

By: _____
Attorney in fact
(Surety Seal)

STATE OF _____ }
COUNTY OF _____ } SS.

_____ to me personally known as the person(s)
described in and who executed the foregoing bond as principal(s) and acknowledge(s) that he/she executed the same as
his/her free act and deed for the uses and purposes therein mentioned.

(Notary Seal)

Notary Commission expires:

STATE OF _____ }
COUNTY OF _____ } SS.

Attorney in fact, to me personally known as the person described in and who executed the foregoing bond on behalf of

and acknowledged that he/she executed the same as his/her free act and deed for the uses and purposes therein mentioned.

(Notary Seal)

Notary Commission expires: