

IN THE CIRCUIT COURT OF JACKSON COUNTY, MISSOURI - PROBATE DIVISION

AT \_\_\_\_\_

IN THE ESTATE OF

ESTATE NUMBER

\_\_\_\_\_,  
Deceased.

\_\_\_\_\_

APPLICATION OF SURVIVING SPOUSE FOR HOMESTEAD ALLOWANCE  
(Sec. 474.290, RSMo)

\_\_\_\_\_, being duly sworn, states that \_\_\_\_\_ is the surviving spouse of decedent, that the date of publication of notice of the granting of letters on the estate of decedent was \_\_\_\_\_; that \_\_\_\_\_ is entitled to a homestead allowance under Sec. 474.290, RSMo.

WHEREFORE, applicant prays that \_\_\_\_\_ be granted a homestead allowance of an amount not exceeding 50% of the value of this estate, exclusive of exempt property, and any allowance made under Sec. 474.260, RSMo., and that the personal representative of this estate, be authorized and directed to pay and satisfy said allowance as follows:

- \* all in cash.
- \* by cash installments of \$ \_\_\_\_\_ per \_\_\_\_\_ until completely paid.
- \* by the transfer and conveyance to applicant of the following described property of said estate in lieu of \$ \_\_\_\_\_ of such allowance, the balance to paid in cash.

The undersigned swears that the matters set forth 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: \_\_\_\_\_

Surviving Spouse: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Attorney: \_\_\_\_\_ MO BAR No. \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_