IN THE CIRCUIT COURT OF PLATTE COUNTY, MISSOURI
SIXTH JUDICIAL CIRCUIT, PROBATE DIVISION

In the Estate of:

_____   Estate Number: _____
Deceased

APPLICATION FOR LETTERS OF ADMINISTRATION

Now come(s) _____ and on oath state(s) that deceased, aged _____ years, male/female, died on _____ intestate, whose last residence was _____ _____and whose domicile was State of _____. That the value of deceased's estate is: personal property $_____; real property, $_____. (If deceased not domiciled in Missouri, state following: Value of personal property located in Platte County, Missouri is $_____ and of real property in Platte County, Missouri which may be subject to administration in Missouri is $_____.)

That the names, relationships to the decedent, and residence addresses of the surviving spouse and heirs, with an indication of those believed by applicant{s}, to be mentally incapacitated, and the birth dates of those who are minors, and, so far as is known to applicant{s}, the names and addresses of the conservators of those who are minors or disabled, are as follows:

Name	Relationship	Birth Date (if minor)	Residence Address (zip code required)

(Attach sheet for additional names or information)

That this application is made for (supervised/independent) administration.

_____, residing at _____has been designated as resident agent for service of process within the state of Missouri. (Designation is attached hereto.)

That applicant(s) (is/are) entitled to administer said estate because (his-her-their) relationship to decedent is (state other facts which entitle applicant to appointment):

_____

That if letters are issued, applicant(s) will make a perfect inventory of the estate, pay all the debts, if any, as far as the assets will extend and the law directs, and 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.

Wherefore, applicant(s) pray(s) that Letters of Administration be granted to applicant and that Notice of Letters of Administration Granted by published in:_____.

The undersigned swears that the matters set forth in the foregoing application are true and correct according to the undersigned's best knowledge and belief, subject to penalty for making a false affidavit or declaration.

_____
Applicant

_____
Address

_____
City, State, Zip Code

_____
Name/Bar Number of Attorney for Applicant

_____
Address

_____
Telephone

RENUNCIATION OF RIGHT TO ADMINISTER OR NOMINATION OF ADMINISTRATOR

     The undersigned persons entitled to administer the estate hereby renounce our right to administer the estate and request that letters of administration be issued to _____ whose address (is/are)_____

==

Signature	Relationship	Residence and Zip Code

_____
_____
_____
_____
_____
_____
_____

_____

Name/Bar Number of Attorney

_____

Address/Telephone

_____

Attorney for Applicant (s)