

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

In the matter of

\_\_\_\_\_ No. \_\_\_\_\_  
Decedent

**AFFIDAVIT FOR COLLECTION OF SMALL ESTATE**

Comes now \_\_\_\_\_, being duly sworn on oath and states that \_\_\_\_\_, whose domicile and last residence address was \_\_\_\_\_, (Deceased Person)  
Address City State Zip

Boone County, Missouri, died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; that the entire estate, less liens and encumbrances, does not exceed \$40,000.00; that no application for letters testamentary or letters of administration or for refusal of letters is pending or has been granted; that all unpaid debts, claims or demands against the decedent's estate and all estate taxes due, if any, on the property transfers involved, have been or will be paid except that any liability by the affiant for the payment of unpaid claims or demands shall be limited to the value of the property received; and that thirty days have elapsed since the death of the decedent.

- The decedent left no will.
- The decedent left a will dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Said will was presented and admitted to probate within the limitation periods specified in Section 473.050 RSMo.

Affiant further states that the following are the NAMES, ADDRESSES, and RELATIONSHIPS to the decedent of the persons entitled to the property of the decedent, after payment of any unpaid debts, claims or expenses of this proceeding, and

- pursuant to the laws of descent and distribution of the State of Missouri, or
- pursuant to the last will and testament of the decedent:

**HEIRS/LEGATEES OR DEVISEES:**

<u>NAME</u>	<u>RESIDENCE ADDRESS</u>	<u>RELATIONSHIP TO DECEDENT</u>	<u>%</u>	<u>BIRTHDATE IF MINOR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Affiant further states that the following is an itemized description and valuation of the property of the decedent, and the names and addresses of the persons having possession thereof:

<u>DESCRIPTION OF PROPERTY</u>	<u>VALUE</u>	<u>NAME AND ADDRESS OF PERSON IN POSSESSION</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**TOTAL \$** \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

Notary Commission expires:

\_\_\_\_\_  
Affiant's Signature

\_\_\_\_\_  
Affiant's Name (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone No.

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Attorney's Name (Typed) MBE#

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone Number

Publication to run in the: \_\_\_\_\_