

# Affidavit of Small Estate

**This form cannot be filed until 30 days after the decedent's date of death.**

This procedure is used to transfer a decedent's real and personal property, having a value of forty thousand dollars (\$40,000.00) or less, to the lawfully entitled persons intestate or named in the will, without the appointment of a personal representative. If the value of the property is more than fifteen thousand dollars (\$15,000.00), the clerk must publish a notice to creditors in the newspaper. A Notice to Creditors (Small Estate) form follows this section.

## **PUBLICATION**

When the value of the property listed in the affidavit is more than fifteen thousand dollars (\$15,000.00), but does not exceed forty thousand dollars (\$40,000.00), the clerk shall cause to be published in a newspaper of general circulation a notice to creditors of the decedent to file their claims in the court or be forever barred. The notice shall be published once a week for two (2) consecutive weeks. Proof of publication of notice pursuant to this section shall be filed no later than ten (10) days after completion of the publication. The notice, which indicates that claims are barred one (1) year after death of decedent.

## **WHO MAY FILE FOR DISTRIBUTION OF ASSETS WITHOUT LETTERS**

The affidavit may be made by the person designated as personal representative under the will of the decedent, if a will has been presented for probate within the specified period, otherwise by any distributee entitled to receive property of the decedent any time after thirty (30) days after the decedent's death.

**All attached documents must be completed in their entirety.**

## **Filing must include:**

- **Death certificate (copy only)**
- **Confidential Case Filing Information Sheet (attached)**
- **Mo Healthnet Release (attached)**
- **Copy of paid funeral bill**
- **Affidavit must be notarized**

## **Filing fees**

**Without Will            \$80.00**  
**With Will                \$115.00**

- **Make check payable to: Cole County Probate**

Please return to: Cole County Probate, Probate Division, 301 East High Street, PO Box 1870, Jefferson City, Missouri 65101.

If you have questions, please contact the Probate Clerk, Deanna Nilges at 634.9177 or in Room 406.

Thank you!

**Please put the CASE TYPE CODE on the attached Confidential Case Filing Information Sheet.**

**Small Estate – without a WILL      Case Type Code: PI**  
**Small Estate – with a WILL        Case Type Code: PH**

**Party Type Code: DEC – all decedent's information should be listed here.**

**Party Type Code: AFF – all of the Affiant's information should be listed here.**

## CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

**INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The full Social Security Number (SSN) is *required* pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case, such as plaintiff, defendant, decedent, or ward/protectee, and is reasonably available. Name and addresses should be listed for all other parties (i.e. heirs, interested parties) on the case and if reasonably available include DOB and social security number. This is a confidential document. This information is needed to open a case in the court's case management system. While cases deemed public under Missouri statutes can be accessed through Case.net, the day and month of birth, SSN, and confidential addresses are NOT provided to the public through Case.net.

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_  
 (i.e., In the Estate of; In the Matter of; Petitioner v. Respondent.)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

Party Type Code: <u>DEC</u> Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: <u>AFF</u> Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____
Party Type Code: _____ Party Type Description: _____ Name (if a person): (Last) _____ (First) _____ (Middle) _____ Organization (if non-person): _____ Address: _____ City: _____ State: _____ Zip: _____ Contact Telephone Number: _____ DOB/DOD: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female SSN: _____ Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**\*IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.\***

IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI  
PROBATE DIVISION

CASE NO. \_\_\_\_\_

IN THE ESTATE OF

\_\_\_\_\_, DECEASED.

AFFIDAVIT TO ESTABLISH TITLE OF DISTRIBUTEES OF DECEDENT WHERE  
TOTAL ESTATE IS LESS THAN \$40,000.00

(Sec. 473.097 RSMo.)

Comes now the undersigned affiant, \*(a person designated as personal representative under the will of the decedent presented for probate within the limitation periods specified in Section 473.050, RSMo.) \*(a distributee entitled to receive property of the decedent), being first duly sworn, states:

The decedent, whose domicile and last residence address was \_\_\_\_\_  
\_\_\_\_\_ in Cole County, Missouri, and  
whose date of death was \_\_\_\_\_.

\*(No will has been presented for probate) \*(Decedent left a will that was presented for probate within the limitation periods specified in Section 473.050, RSMo. which was duly admitted to probate by this court).

The value of the entire estate, less liens and encumbrances, does not exceed forty thousand dollars (\$40,000.00) and that thirty (30) days have elapsed since the death of the decedent and no applications for letters testamentary or for administration or for refusal of letters under Section 473.090, RSMo. is pending or has been granted or is such refusal has been granted and subsequently revoked.

All unpaid debts, claims or demands against the decedent or 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 shall be limited to the value of the property received.

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

Description of Property:	Custodian-Address	Value
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\*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 pursuant to the laws of descent and distribution of the State of Missouri.

\* 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 pursuant to the Last Will and Testament of the decedent.

**HEIRS/LEGATEES OR DEVISEES:**

NAMES

ADDRESSES

RELATIONSHIPS

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

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

Notary Commission Expires \_\_\_\_\_

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
MO Bar #

\_\_\_\_\_  
Attorney's Name (Typed or Printed)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**MO HEALTHNET RELEASE** formerly Medicaid  
Release (**Section 473.398(6) RSMo**)

Before any probate estate may be closed that involves a decedent who was enrolled in MO HealthNet at the time of death, the court must receive a release from MO HealthNet that all costs due have been satisfied or waived by MO HealthNet.

The personal representative shall file with the clerk a release from MO HealthNet showing satisfaction of all benefits, premiums or other costs due from the estate under law.

**\*\*PLEASE TAKE THE ATTACHED FORM TO THE ADDRESS BELOW TO HAVE COMPLETED.**

Mo HealthNet Division  
615 Howerton Court  
Jefferson City MO 65102

Ph #573.751.2005  
Fx #573.526.1162

Web site: [www.dss.mo.gov/mhd](http://www.dss.mo.gov/mhd)



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
 MO HEALTHNET DIVISION  
**ESTATE NOTICE**

1. DECEDENT NAME		2. MO HEALTHNET PARTICIPANT NUMBER (IF KNOWN)	
3. DATE OF BIRTH		4. DATE OF DEATH	5. SOCIAL SECURITY NUMBER
6. SURVIVING SPOUSE <input type="checkbox"/> YES <input type="checkbox"/> NO   Name: _____			
7. CHILDREN UNDER AGE 21 IN HOME <input type="checkbox"/> YES <input type="checkbox"/> NO		8. IS THERE A BLIND OR DISABLED DEPENDENT IN THE HOME <input type="checkbox"/> YES <input type="checkbox"/> NO	
9. COUNTY OF ESTATE FILING	10. DATE ESTATE FILED		11. BALANCE OF ASSETS
12. ATTORNEY NAME			
13. STREET ADDRESS, CITY, STATE, ZIP CODE			
14. TELEPHONE NUMBER		15. FAX NUMBER OR EMAIL ADDRESS	
16. EXECUTOR, PERSONAL REPRESENTATIVE, OR CONSERVATOR NAME			
17. STREET ADDRESS, CITY, STATE, ZIP CODE			
18. SIGNATURE			19. DATE
<p>FAX: (573) 526-1162</p> <p>Mail: Department of Social Services          MO HealthNet Division          ATTN: Cost Recovery Unit          PO Box 6500          Jefferson City, MO 65102-6500</p> <p>TELEPHONE: (573) 751-2005</p> <p>EMAIL: MHD.COSTRECOVERY@dss.mo.gov</p>			
FOR MO HEALTHNET DIVISION USE ONLY			
<input type="checkbox"/> Decedent was a MO HealthNet Participant. Case will be reviewed to determine if referral to be made to Attorney General Office for filing claim.			
<input type="checkbox"/> Decedent was not a MO HealthNet Participant. Waiver issued on: _____			
MO HEALTHNET DIVISION SIGNATURE			DATE