



Probate Division	Case Number:
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In the Estate of \_\_\_\_\_, Deceased.

(Date File Stamp)

### Application of Surviving Spouse for Refusal of Letters

The applicant, surviving spouse of the decedent, states that decedent died on \_\_\_\_\_ residing at \_\_\_\_\_, survived by applicant and \_\_\_\_\_ unmarried minor child(ren), leaving an estate in this state, the value of which, less liens and encumbrances, is not greater in amount than is allowed by the law as exempt property and maintenance of applicant and unmarried minor child(ren) for one year after the death of decedent. The estate consists solely of the property described and of value as follows:

**Description of Property**

**Value**

See Appendix A.

Total \$ \_\_\_\_\_

Unmarried minor child(ren) of the decedent who is(are) not the child(ren) of the applicant is(are) as follows:

**Name of Child**

**Date of Birth**

**Name/Address of Custodian**

Wherefore, applicant prays the court order that no letters be granted on said estate unless on the application of creditors or other interested parties, the existence of other or further property is shown.

The applicant swears that the matters set forth above are true and correct to the best knowledge and belief of the applicant, subject to the penalties of making a false affidavit or declaration.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Attorney for Applicant

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
(Name/Bar Number/Address/Telephone)

\_\_\_\_\_  
(Name/Address/Telephone)

**Appendix A**

**Decedent:**

**Case Number:**

**Description of Property**

**Value**

Real Property

Personal Property

**TOTAL:** \_\_\_\_\_

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

**Refusal of Letters – Spouse**

**Case Type Code: PF**

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

**Party Type Code: APP – all of the Applicant'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: COLE

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>PET</u> Party Type Description: <u>PETITIONER</u> 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: _____
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.\*