

CLAIM AGAINST ESTATE

Claims against a decedent's estate **must be filed in the probate division within two (2) months after the date of the first published notice of Letters Testamentary or of Administration.**

What needs to be attached to the Claim Against Estate form:

- * An itemized statement of claim showing dates and amounts
- * Any and all written documents (receipts, invoice, etc)

Once the claim is received, it will be set for hearing. **YOU MUST BE PRESENT FOR THE HEARING or your claim will be denied.**

Any questions should be directed to the Probate Division at 573.634.9177.

Thank you!

IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI
PROBATE DIVISION

Estate Number: _____

In the Estate of: _____, *Deceased/Disabled/Minor

CLAIM AGAINST ESTATE

The applicant herein states that there is due to: _____
(Name) (Address)
from the estate of _____, *Deceased/Disabled/Minor, the sum of \$ _____ on
account of (describe nature of claim) _____.

An itemized statement of such claim showing dates and amounts is attached hereto along with a copy of all written documents concerning the claim.

The claimant holds security for the claim as follows: _____
Applicant states that to the best of *his/her knowledge and belief credit has been given to such estate for all payments and offsets to which it is entitled and that the balance claimed as above stated is justly due.

THE STATEMENTS AND REPRESENTATION IN THIS DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRECT TO MY BEST KNOWLEDGE AND BELIEF. I UNDERSTAND THEY ARE MADE SUBJECT TO THE PENALTIES OF MAKE A FALSE AFFIDAVIT OR DECLARATION.

Date _____
Signature of Applicant

I certify that a copy of this claim was served on the *Personal Representative/Conservator of the estate by mailing and delivering it to: _____

Date _____
Signature of Applicant

- Service of claim is acknowledged.
- Immediate hearing is requested.
- Consent is given to judgment in the amount of \$ _____.
- If signed, strike any part not agreed to.

Date _____
*Personal Representative/Conservator

The above claim is hereby allowed this _____ day of _____, 20____, in
the amount of \$ _____ and classifies said claim as a _____ class claim.

JUDGE

CLERK

*Strike if inapplicable

I hereby certify that I mailed a copy of the preceding claim to the Attorney/Conservator for this case on _____

By _____, Deputy Clerk

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 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.*