

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 \$77.00
With Will \$112.00

- **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.

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 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>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

*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



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