

IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI
PROBATE DIVISION

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!



Confidential Case Filing Information Sheet – Probate

Filing Date:	County/City of St. Louis: COLE
Style of Case: (i.e. In the Estate of; In the Matter of; Petitioner v. Respondent.)	<input type="checkbox"/> The unredacted document is attached to this filing sheet in place of listing the redacted information identifiers below.
Case Type Code:	Case Type Description:

Party Type Code: _____ Party Type Description: _____
 Name (if a person): (Last) _____ (First) _____ (Middle) _____
 Organization (if non-person): _____
 Address: _____
 City: _____ State: _____ Zip: _____ Contact Telephone Number: _____
 Email Address: _____
 DOB/DOD: _____ Gender: Male 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: _____
 Email Address: _____
 DOB/DOD: _____ Gender: Male 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: _____
 Email Address: _____
 DOB/DOD: _____ Gender: Male Female SSN: _____
 Attorney Name (if represented by counsel): _____ Bar ID: _____ Party Type Code: _____

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.

IN THE CIRCUIT COURT OF COLE COUNTY, MISSOURI
PROBATE DIVISION

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

Estate Number: _____

CLAIM AGAINST ESTATE

The applicant herein states that there is due to: _____

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 THE DOCUMENT ARE MADE UNDER OATH AND ARE TRUE AND CORRET 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 \$ _____.
- **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.

*strike if inapplicable

JUDGE

CLERK

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

By: _____, Probate Clerk