

**General Information for Filing an Affidavit To Establish Title of Distributee To Property In Estate of  
\$40,000 or less – Small Estate – Testate**

08-2025

Probate Form: D8

**NOTE: Filing of an Affidavit To Establish Title of Distributee To Property In Estate of \$40,000 or less - Small Estate – Testate (With Will) cannot be done pro se (without an attorney).**

Throughout this packet, the Affidavit To Establish Title of Distributee To Property In Estate of \$40,000 or less – Small Estate – Testate (With Will) will commonly be referred to as the Small Estate Affidavit.

E-filing information – the Small Estate Affidavit, Exhibit A, the Death Certificate, Bond, if applicable, any Motions and Consents MUST be filed as separate documents. Multiple consents must be submitted as one (1) pdf document and supporting documentation must be submitted as one (1) pdf document but they must be separate documents from the application.

## Table of Contents

You may click on the underlined text below to take you to each of the forms.

1. [Checklist of Requirements to File an Affidavit for Collection of Small Estate Without Will](#)  
Used as a guideline for all requirements to file an Affidavit To Establish Title of Distributee To Property In Estate of \$40,000 or less – Small Estate – Testate (With Will)
2. [Confidential Case Filing Information Sheet](#)  
Completion of this Form will populate a significant amount of the fields in the packet. We recommend you complete this form. It is not required to be filed if the Parties are properly entered in Casenet at the time of E-filing.
3. [Affidavit To Establish Title of Distributee To Property In Estate of \\$40,000 or less – Small Estate –Testate \(With Will\)](#)  
This form must be completed by an attorney. It should be completed with all requested information. If there are areas that are not applicable, put N/A. Do not leave any question blank. Affiant's signature **MUST** be notarized. Publication is required when the assets are over \$15,000.00, and Decedent died within the last year. The Attorney is responsible for sending the request for publication to an approved publication company and filing the affidavit of publication.
4. [Exhibit A – Assets](#)  
Use this form to list all of the assets titled in the sole name of Decedent without a living beneficiary. This should be filed under the Document Category – Filing – Other/Miscellaneous Document Type – Financial Statement. Failure to file this Exhibit under this document category and type will violate Missouri Supreme Court Operating Rule 2.
5. [Exhibit B – Legatees](#)  
Use this form to list all of the legatees named in Decedent's Last Will and Testament. It can be filed as part of the Small Estate Affidavit or as a separate Exhibit.
6. [Petition for Probate of Will](#)  
Use this petition to request that Decedent's Last Will and Testament be admitted to probate. The Last Will and Testament should be included as an exhibit to the Petition. Within five business days of filing the Petition for Probate of Will, the original Last Will and Testament must be received in the probate department at 105 S. Central Avenue, 5<sup>th</sup> Floor, St. Louis, MO 63105. In the event the Last Will and Testament is self-proving under a state other than Missouri, file a memorandum of law as to that state's self-proving statute.
7. [Commission Request](#)  
Use this request when Decedent's Last Will and Testament is not self-proving to requests commissions for the witnesses.
8. [Request for Waiver of Bond](#)  
Use this request to waive bond in the event it is not waived in the Last Will and Testament and Affiant is not the sole beneficiary. Affidavits which report \$15,000 or less in value receive an automatic waiver of bond without request.

# CIRCUIT COURT OF ST. LOUIS COUNTY, PROBATE DIVISION

## Checklist of Requirements to File an Affidavit for Collection of Small Estate With Will

**Case Category – Probate Decedent Estates**

**Case Type – Small Estate Affidavit – With Will**

***NOTE: Local Court Rule 3.2 mandates all electronically filed pleadings must be typewritten. Local Court Rule 72.2 governs specific requirements for electronic filing in the Probate Division.***

### **COURT FORMS:**

- ☐ 1. Affidavit To Establish Title of Distributee To Property In Estate of \$40,000 or less – Small Estate – Testate (With Will) (Document Category – Affidavit for/in/of: Document Type - Establish Title of Distributee with Will);
- ☐ 2. Exhibit A – Assets (Document Category – Filing – Other/Miscellaneous: Document Type– Financial Documents);
- ☐ 3. Exhibit B – Legatees – File as exhibit to above Small Estate Affidavit; and
- ☐ 4. Petition to Admit Will – File as a separate document (Document Category - Petition to to/for: Document Type – Admit Will).

### **ADDITIONAL DOCUMENTS** (File these documents even if they have been previously filed in another matter):

- ☐ 1. Copy of Death Certificate (Document Category – Certificate of: Document Type - Death);
- ☐ 2. Supporting Documentation as set out in instructions. (Document Category – Filing – Other/Miscellaneous: Document Type– Financial Documents);
- ☐ 3. Corporate Surety Bond (Small Estate), if applicable. See instructions. (Document Category – Filing – Other/Miscellaneous: Document Type – Surety Bond);
- ☐ 4. Consents to Waive Bond, if applicable. See instructions. (Document Category – Consent by/for/to: Document Type - Consent);
- ☐ 5. Last Will and Testament – Attorney shall redact social security numbers from e-filed Will and shall file as Exhibit to Petition to Admit Will; and
- ☐ 6. Original Last Will and Testament must be received by the Probate Court within five business days of filing the Petition to Probate Will.

### **INSTRUCTIONS:**

- ☐ 1. The Small Estate **cannot** be filed until 30 days after date of death.
- ☐ 2. Party information for all parties must be entered into e-filing system. This includes the Decedent and Affiant **with full social security numbers and birth dates**. Affiant should be listed as the Affiant in the Party Screen. Decedent should be listed as the Decedent in the Party screen. After completing the information for the Affiant, select “Add New Party” and complete the information for Decedent. Then select “Continue”.
- ☐ 3. Fill in all blanks and check boxes on all forms. If not applicable, please indicate by using N/A.
- ☐ 4. Legatees/Devises - Provide date of death for any deceased beneficiary. Include an Affidavit of Due and Diligent Search for any beneficiary with an unknown address.
- ☐ 5. Limited to a **net value** of \$40,000 or less after liens, mortgages, and expenses.
  - ☐ Include itemized list of liens and mortgages. Include a mortgage statement.
  - ☐ Include documentation to support any expenses which bring the value to \$40,000 or less.

- ☐ 6. **Asset Descriptions:**
- ☐ Bank Accounts – list bank name; the last four digits of the account number; and current balance.
  - ☐ Checks – list name of payor; check number and amount of check.
  - ☐ Stocks and bonds – list stock certificate numbers; number of shares, names of companies, classes of stock, and current fair market value; indicate whether shares are listed on a securities exchange, sold over the counter or closely held.
  - ☐ Brokerage Accounts – list the brokerage name; last four digits of the account number; current balance.
  - ☐ Vehicles – vehicle description listing year, name of manufacturer, vehicle identification number and current value.
  - ☐ Insurance policies – list insurance company name, last four digits of the policy number, and cash value.
  - ☐ Safe Deposit Boxes – list safe deposit box number, bank name and inventory of assets.
  - ☐ Jewelry or coins – list description and value.
  - ☐ Real Estate - full legal description as it appears on the deed including book and page numbers, and street addresses of real estate with current value as stated on county tax appraisal and mortgage information if any.
- ☐ 7. **Bond:**
- ☐ No bond required if waived under the terms of the admitted Last Will and Testament.
  - ☐ Corporate Surety Bond (Small Estate) in the amount of the net value of personal property if value of estate is greater than \$15,000.
    - ☐ Small Estate Bond requires Acknowledgment of Principal; Acknowledgment of Surety; and Power of Attorney for Attorney in Fact to be filed with bond.
  - ☐ Bond waived automatically if value of estate is \$15,000 or less. No motion required.
  - ☐ Bond waived automatically if Affiant is the sole legatee of the Decedent's Will, regardless of small estate value.
  - ☐ Bond may be waived if value of estate is greater than \$15,000 and notarized **consents** from all adult competent beneficiaries are attached.
- ☐ 8. Signature of Affiant must be acknowledged by a notary public.
- ☐ 9. Publication:
- ☐ Required when value of assets is more than \$15,000.
  - ☐ If assets are over \$15,000 and it has been more than 1 year from date of death, publication is automatically waived. No motion required.

## **FILING FEES:**

- ☐ Click hyperlink for most recent fees.  
<https://stlcountycourts.com/courts-departments/probate-court/probate-fees-and-estate-charges/>

## CONFIDENTIAL CASE FILING INFORMATION SHEET – PROBATE

### INSTRUCTIONS:

✓ **Please also enter all of the below parties in Case.net when filing the Petition.**

**NOTE:** Name; addresses; DOB; and Social Security Number should be listed for all parties. The **full** Social Security Number (SSN) is ***required*** pursuant to Missouri Supreme Court Operating Rule 4.07 for each party in the case that is reasonably available. This is a confidential document.. 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 Matter of: \_\_\_\_\_, **Decedent.**

**Party Type Code:** ☐ AFFIANT

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Party Type Code:** ☐ CO-AFFIANT

Name (if a person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

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

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Party Type Code:** ☐ DECEDENT

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

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

DOD: \_\_\_\_\_ SSN: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Bar ID : \_\_\_\_\_

Address: \_\_\_\_\_

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

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



IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the Matter of:

, Decedent.

**AFFIDAVIT TO ESTABLISH TITLE OF DISTRIBUTE  
TO PROPERTY IN ESTATE OF \$40,000 or less  
 (§473.097 RSMO)**

**SMALL ESTATE – TESTATE**

The undersigned, a person designated as personal representative under the Last Will and Testament of the above-named Decedent presented for probate within the limitation periods specified in § 473.050 RSMo, being first duly sworn, states:

Decedent resided at \_\_\_\_\_,  
and died on \_\_\_\_\_.

All unpaid debts, claims or demands against Decedent or 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 of Affiant for the payment of unpaid claims shall be limited to the value of the property received.

Attached hereto as Exhibit A is an itemized description and valuation of all the property of Decedent, together with the names and addresses of the persons having possession of the same (including registrars or transfer agent of all corporate shares and bonds).

Attached hereto as Exhibit B are the names, addresses, and relationship to Decedent of the persons entitled to and who will receive the specific items of property remaining after payment of claims and debts of Decedent. Included in the affidavit are the facts establishing their right to such specific items of property described in Exhibit A attached hereto.

The value of the entire estate, less liens and encumbrances, is \$ 0.00 . This amount does not exceed \$40,000 (if Decedent's date of death is less than one year prior to filing the Affidavit and Decedent's debts are used to reduce the value of Decedent's assets to \$40,000, Affiant must attach to Exhibit A a list of creditors along with the amount owed to each creditor).

Thirty days have elapsed since the death of Decedent and no application for letters testamentary or for administration or for refusal of letters under § 473.090 RSMo is pending or has been granted.

**BOND – Select the first one that applies.**

- ☐ A small estate bond in the amount of \$ 0.00 with corporate surety has been filed.
- ☐ The bond is waived pursuant to the Last Will and Testament of the above-named Decedent under Article/Section \_\_\_\_\_.
- ☐ The value of the estate is \$15,000 or less and therefore no bond is required. (No separate request to waive bond required.)
- ☐ The value of the estate is greater than \$15,000 and notarized requests of all legatees are attached to this Affidavit.

☐ Affiant is the sole legatee named in Decedent's Last Will and Testament.

**WILL – Select the one that applies.**

Decedent left a last will and testament:

- ☐ that was duly admitted to/presented for probate within the limitation periods specified in § 473.050, RSMo in Cause Number \_\_\_\_\_ ; or
- ☐ for which a Petition to Admit Will was filed contemporaneously with this Affidavit.

The undersigned swears that the matters set forth in the foregoing affidavit are true and correct according to the undersigned's best knowledge and belief, subject to penalty for making a false affidavit or declaration.

Subscribed and sworn to me on

the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

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

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

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

STAMP

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

\_\_\_\_\_  
Attorney's Name & Bar Number (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
E-mail Address

In the Matter of:

Decedent.

**EXHIBIT A - ASSETS**  
**(Assets of Decedent)**

**PERSONAL PROPERTY:**

|                                        |                                                                                        |                          |
|----------------------------------------|----------------------------------------------------------------------------------------|--------------------------|
| Name of Bank                           | Type of Account (Checking, Savings, CD) with Last Four Digits of Account Number        | Current Value of Account |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
| Name of Financial Institution          | Type of Account (Brokerage, 401(k), IRA, etc.) with Last Four Digits of Account Number | Current Value of Account |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
| List All Vehicles<br>Year, Make, Model | VIN                                                                                    | Value of Vehicle         |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
| Checks                                 | Check #                                                                                | Check Amount             |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
| Life Insurance                         | Policy Type with Last Four Digits of Policy Number                                     | Face Value               |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
| Other Personal Property                |                                                                                        | Value                    |
|                                        |                                                                                        | \$                       |
|                                        |                                                                                        | \$                       |
|                                        | Total Personal Property                                                                | \$0.00                   |

**EXHIBIT A - Continued**  
**ASSETS**  
**(Assets of Decedent)**

**REAL PROPERTY – MISSOURI ONLY:**

| Address | Full Legal Description | Value |
|---------|------------------------|-------|
|         |                        | \$    |
|         |                        | \$    |

|                                                                                                     |        |
|-----------------------------------------------------------------------------------------------------|--------|
| Total Value without debt:                                                                           | \$0.00 |
| Deductions for any debt claimed to reduce estate value \$40,00 or less with proof of debt attached. | \$     |
| Total value after deducting any debt:                                                               | \$0.00 |

Attach additional sheets if necessary.

- In the event any value is unknown, list such amount as a “value not to exceed” to ensure that the total of such assets do not exceed the limit of \$40,000.

In the Matter of:

Decedent.

**EXHIBIT B – LEGATEES**

List below any legatees/devisees; include their name, address, article of the will under which the legatee/devisee takes, date of birth (if minor), and percentage to which the beneficiary is entitled.

**If Trust is a Legatee/Devisee**

Name of Trustee(s):

Address(es) of Trustee(s):

Name of Trust:

Date of Trust:

Article/Section Stating Trust is Estate Beneficiary:

Is Trust also the taker of tangible personal property

☐ Yes ☐ No

**For all other legatees/devisees**

**(including takers of tangible personal property):**

Name of Beneficiary:

Address of Beneficiary:

Minor:

☐ Yes ☐ No

Relationship to Decedent:

Article/Section Stating Beneficiary is Taker:

Percentage or Specific Bequest to which Beneficiary is entitled under the Will

Name of Beneficiary:

Address of Beneficiary:

Minor:

☐ Yes ☐ No

Relationship to Decedent:

Article/Section Stating Beneficiary is Taker:

Percentage or Specific Bequest to which Beneficiary is entitled under the Will

Name of Beneficiary:

Address of Beneficiary:

Minor:

☐ Yes ☐ No

Relationship to Decedent:

Article/Section Stating Beneficiary is Taker:

Percentage or Specific Bequest to which Beneficiary is entitled under the Will

Attach additional sheets if necessary.



IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI

In the Matter of:

Decedent.

PETITION FOR PROBATE OF WILL

The undersigned states that \_\_\_\_\_, who resided at \_\_\_\_\_ and was domiciled in

ST. LOUIS COUNTY at the time of death, died on \_\_\_\_\_.

That Decedent left an instrument purporting to be Decedent's Last Will and Testament dated \_\_\_\_\_, and Codicil to said Last Will and Testament dated \_\_\_\_\_.

That Decedent's will ☐ is ☐ is not self proving per § 474.337 RSMo or §474.360 RSMo. If self-proving, Petitioner asks that it be admitted as self proving. If the Will is self-proving under the statute of another state, a memorandum of law regarding compliance is attached hereto.

At death, Decedent was ☐ single, ☐ married, ☐ widowed – spouse date of death \_\_\_\_\_, or ☐ divorced.  
The surviving spouse is \_\_\_\_\_ who resides at \_\_\_\_\_.

If instrument(s) is not self proving, the subscribing witnesses to said instrument(s) are:

\_\_\_\_\_ and requests for Commissions are attached hereto.

WHEREFORE, Petitioner prays the Court consider said instrument(s) in writing to be duly proved, admitted to probate, certified and recorded as the Last Will and Testament of Decedent.

Within five business days, Petitioner shall present the original Last Will and Testament and all codicils thereto to the Probate Court or file a Petition to Admit Lost Will.

The foregoing is made under oath or affirmation and its representations are true and correct to the best of Petitioner's knowledge and belief subject to the penalties of making a false affidavit or declaration.

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

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Attorney's Name & Bar Number (Typed)

\_\_\_\_\_  
Affiant's Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Affiant Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Affiant City, State, Zip

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
E-mail Address



IN THE PROBATE DIVISION, CIRCUIT COURT    ST. LOUIS    COUNTY, MISSOURI

In the Matter of:

, Decedent,

whose date of death is .

**COMMISSION REQUEST**

Attorney, hereby requests that a commission be issued to the following persons:

\*PLEASE NOTE: If the witness is to prove anyone other than their own signature, you must indicate the name of the witness they are familiar with.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Commission(s): \_\_\_\_\_

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

\_\_\_\_\_  
Attorney's Name & Bar Number (Typed)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number with Area Code

\_\_\_\_\_  
E-mail Address



**IN THE PROBATE DIVISION, CIRCUIT COURT, ST. LOUIS COUNTY, MISSOURI**

In the Matter of:

Decedent.

**REQUEST FOR WAIVER OF BOND**

All legatees of Decedent are stated in Exhibit B to the Affidavit to Establish Title of Distributee to Property in Estate \$40,000 or less. All legatees do, by their signatures, below consent to the waiver of the filing of bond in the above-named estate by Affiant. The undersigned legatee understands that the purpose of the bond is to protect his/her interest in the estate and that distributions made to the legatee without a bond may result in a creditor of the estate seeking reimbursement from such distribution. The undersigned legatee has reviewed the Exhibit B of the Affidavit and states that all legatees of Decedent are as stated.

\_\_\_\_\_  
Name of Legatee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Notary Seal)

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

Notary Commission expires: \_\_\_\_\_

\*This form is only necessary in the event that bond is not waived in the admitted Last Will and Testament of Decedent.