

Complete this form if you are a spouse, authorized representative, or preparer and are providing estate information to the Department.

**Estate Information**

Decedent Name	Date of Death ____/____/____	Social Security Number  _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _	Surviving Spouse <input type="checkbox"/> Yes <input type="checkbox"/> No
Estate Case Number	Date Estate Filed ____/____/____	County of Estate Filing	Balance of Assets

Attach a copy of the decedent's death certificate for the Department's records.

**Representative**

Attorney Name	Phone Number (____)____-____	Email Address	
Mailing Address	City	State	ZIP Code
Executor, Personal Representative, or Conservator Name	Signature	Date (MM/DD/YYYY) ____/____/____	
Mailing Address	City	State	ZIP Code

Below provide any additional information you believe the Department would find pertinent to the processing of this form.

**Comments**

**Mail to:** Missouri Department of Revenue  
ATTN: Probate  
P.O. Box 1646  
Jefferson City, MO 65101-1646

**E-mail:** [collections@dor.mo.gov](mailto:collections@dor.mo.gov)  
Visit [dor.mo.gov/collections/](http://dor.mo.gov/collections/) for additional information.

**Phone:** (573) 522-6276  
**Fax:** (573) 522-2404