

Missouri State Treasurer

Unclaimed Property

Table of Heirship

Deceased Owner Name:			Da					Date of Birth:			
LIST ALL KNOWN RELATIVES			List ALL Known Addresses on Back				Date of Death:				
Enter "None" in any	/ sect	ion for which	there is no known relative. Your Relationship to					eased	:		
If you need additional space, attach a second Table of Heirship identifying all missing relatives for all appropriate se										oriate sec	ctions.
Contian 1	FIRST	MIDDLE				DA	DATE OF			Address	
Section 1		FIK31	WIIDDLE	(MAIDEN)LAST		Marriag	Marriage Bi		th Death		Known?
ALL of deceased	1										Yes/No
Owner's Spouse(s) 2 3											Yes/No
										-	Yes/No
Section 2		FIRST	(MAIDEN)LAST	Date of Birth	Date of Death	Both Parents First Names			Spouse (Date of Death - if applicable)		Address Known?
ALL of deceased 1						INGI	Numes		th - If a	Yes/No	
Owner's Children	2							-			Yes/No
Owner 3 children	2										Yes/No
								_			
Are you an ONLY	4									Yes/No	
Child? YES / NO	5										Yes/No
	6					Dath Dava	uto First			1	Yes/No
Section 3		FIRST	(MAIDEN)LAST	Date of Birth	Date of Death	Both Pare Nam				(Date of	Address Known?
	1							Dea	<u>11 - 11 a</u>		Yes/No
	2							_			Yes/No
Deceased Owner's	3										Yes/No
Grandchildren 4								_			Yes/No
(only if Parent is Deceased)	5										Yes/No
(only if Farent is Deceased)	6							_			Yes/No
	7										Yes/No
	7 8							_			
	0										Yes/No
If Section 1, 2 or 3 are not applicable - Continue to Section 4, 5 & 6											
Section 4		FIRST	MIDDLE	(MAI	DEN) LAST		Bi		th Death		Address Known?
Deceased Father:											Yes/No
Owner Parents Mother:											Yes/No
Section 5		FIRST	(MAIDEN)LAST	Date of Birth	Date of Death	Both Pare Nam				-	Address Known?
Deceased Owner's 1						INdiii	163	Dear	th - if a	applicable)	Yes/No
Brothers and Sisters	2										Yes/No
biothers and sisters	3							_			Yes/No
	4							_			Yes/No
	4					Both Pare	nts First	Sn			Address
Section 6		FIRST	(MAIDEN)LAST	Date of Birth	Date of Death		Names		Spouse (Date of Death - if applicable)		Known?
Children of Deceased	1										Yes/No
Owner's Brothers	2										Yes/No
and Sisters	3										Yes/No
(only if Parent is Deceased)	4							_			Yes/No
I have personally completed this form and certify under the penalty of perjury under Section 575.040, RSMo,											
			•	• •						rrect.	
that the Estate of was not probated and all statements contained herein are true and correct. Date: Signed:											
NOTARIZATION											
Subscribed and Sworn before me, a notary on thisday of, 20											
· · · · <u></u> · <u></u>											
Please provide available addresses on the back Notary Public											