| Misson |
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Missouri State Treasurer Unclaimed Property

Table of Heirship

| | | | | | | | | | . с р | | |
|--|---------|--|-------------------------|---------------|---------------|-------------------------|----------------|------------|-------------------|-------------------|--|
| Deceased Owner Nar | | | | | | | Date of Birth: | | | | |
| LIST ALL KNOWI | ATIVES | TIVES List ALL Known Addresses on Back | | | | | eath: | | | | |
| Enter "None" in any | / secti | on for which | there is no known | relative. | Your Re | elationship to | Deceas | ed: | | | |
| If you need additio | nal sp | ace, attach a | second Table of H | eirship iden | tifying all m | issing relative | s for al | appro | priate sed | ctions. | |
| Section 1 | | FIRST | | | | I)I ACT | | | DATE OF | | |
| Section 1 | | LIVOI | MIDDLE | (IVIAIDI | EN)LAST | Marriage | Birtl | 1 | Death | Known? | |
| ALL of deceased | 1 | | | | | | | | | Yes/No | |
| Owner's Spouse(s) | 2 | | | | | | | | | Yes/No | |
| | 3 | | | | | | | | | Yes/No | |
| Section 2 | | FIRST | (MAIDEN)LAST | Date of Birth | Date of Death | Both Parents I Names | | • | e (Date of | Address Known? | |
| ALL of deceased | 1 | | | | | itames | | Death - If | applicable) | Yes/No | |
| Owner's Children | 2 | | | | | | | | | Yes/No | |
| owner s children | 3 | | | | | | | | | Yes/No | |
| Are you an ONLY | 4 | | | | | | | | | Yes/No | |
| Child? YES / NO | 5 | | | | | | | | | Yes/No | |
| Ciliu: 1E3 / NO | 6 | | | | | | - | | | | |
| | 0 | | | | | Both Parents I | irct | Snous | e (Date of | Yes/No Address | |
| Section 3 | | FIRST | (MAIDEN)LAST | Date of Birth | Date of Death | Names | | • | applicable) | Known? | |
| | 1 | | | | | | | | | Yes/No | |
| | 2 | | | | | | | | | Yes/No | |
| Deceased Owner's | 3 | | | | | | | | | Yes/No | |
| Grandchildren | 4 | | | | | | | | | Yes/No | |
| (only if Parent is Deceased) | 5 | | | | | | | | | Yes/No | |
| , , | 6 | | | | | | | | | Yes/No | |
| | 7 | | | | | | | | | Yes/No | |
| | 8 | | | | | | | | | Yes/No | |
| 160 11 1 0 0 | | l: 11 a | | 1 - 0 - 6 | | | | | | , | |
| If Section 1, 2 or 3 are | not a | pplicable - Co | ontinue to Section | 4,5 & 6 | | | | | | | |
| Section 4 | | FIRST | MIDDLE | (MAI | DEN) LAST | | Birtl | n l | Death | Address | |
| Deceased Fath | ner: | | | • | , | | | | | Known? Yes/No | |
| Owner Parents Mother: | | | | | | | | - | | Yes/No | |
| l l | | FIRST | (0.4.4.ID.ENI)), A.G.T. | | | Both Parents I | irst | Spous | e (Date of | Address | |
| Section 5 | | FIRST | (MAIDEN)LAST | Date of Birth | Date of Death | Names | | • | applicable) | Known? | |
| Deceased Owner's | 1 | | | | | | | | | Yes/No | |
| Brothers and Sisters | 2 | | | | | | | | | Yes/No | |
| | 3 | | | | | | | | | Yes/No | |
| | 4 | | | | | | | | | Yes/No | |
| Section 6 | | FIRST | (MAIDEN)LAST | Date of Birth | Date of Death | Both Parents I | | • | e (Date of | Address | |
| Children of Deceased | 4 | | (| | | Names | | Death - if | applicable) | Known? | |
| | - | | | | | | | | | Yes/No | |
| Owner's Brothers | 2 | | | | | | | | | Yes/No | |
| and Sisters | 3 | | | | | | | | | Yes/No | |
| (only if Parent is Deceased) | 4 | .1. 6 | 1 | <u> </u> | | | | | | Yes/No | |
| I have personally comp | | | • | | | | | | | | |
| that the Estate of | | | was not probated a | ind all state | | | | | | | |
| Date: Signed: | | | | | | | | | | | |
| NOTARIZATION Solve the development of the second of the s | | | | | | | | | | | |
| Subscribed and Sworn before me, a notary on thisday of, 20 | | | | | | | | | | | |
| Please provide available addresses on the back Notary Public | | | | | | | | | | | |