



Missouri Department of Revenue  
Justification of Sureties

Surety Information and Signature	I, _____, being first duly sworn on oath depose and state that I am a resident of the state of Missouri and I am one of the Sureties in the attached bond. That for the purpose of qualifying on this bond and in accordance with the Financial Responsibility Law, <a href="#">Chapter 303, RSMo</a> , I do hereby schedule the following described real estate to-wit:	
	Description of Real Estate, nature and extent of encumbrances, value of surety's interest in real estate, name of holder of legal title.	
	Which real estate is worth the full amount stated in the above schedule, less the encumbrances as therein stated and that the net value set out above is the actual value of such real estate. That the foregoing property is scheduled as required by the Financial Responsibility Law of Missouri and is a part and portion of said bond.	
Surety Signature		Date (MM/DD/YYYY) ____ / ____ / _____

Notary Information	Embosser or black ink rubber stamp seal		Subscribed and sworn before me, this	
			_____ day of	_____ year
	State	County (or City of St. Louis)	My Commission Expires (MM/DD/YYYY) ____ / ____ / _____	
	Notary Public Signature			
Notary Public Name (Typed or Printed)				

Circuit Judge Information	State of Missouri	County (or City of St. Louis)	On this _____ day of _____ year	
	Approved and recorded upon the records of this Court by order of the Circuit Judge.			
	Judge	Of the Circuit Court of the _____ Judicial Circuit of Missouri.		

Recorder of Deeds Information	Recorder of Deeds seal	State of Missouri	County (or City of St. Louis)	On this _____ day of _____ year	Before Me	
	Name Of Recorder (Print Or Type)			Recorder of deeds in and for said county certify the within was duly filed for record and is recorded in the records of this office.		
	Type Of Document			Book	Page	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
	Deputy Signature			Use Rubber Stamp Here		
	Recorder Signature					
	My Commission Expires ____ / ____ / _____					

Form 1585 (Revised 03-2014)

**Mail to:** Driver License Bureau  
P.O. Box 200  
Jefferson City, MO 65105-0200

**Phone:** (573) 526-2407 Visit <http://www.dor.mo.gov/drivers/>  
**Fax:** (573) 526-7365 for additional information.  
**E-mail:** [dlbmail@dor.mo.gov](mailto:dlbmail@dor.mo.gov)

