# Please read and follow the instructions for DISPOSITION OF PERSONAL PROPERTY

# TO OBTAIN A DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION, YOU MUST FILE THE COMPLETED FORMS AS FOLLOWS:

- Disposition without Administration Petition 3 pages, notarized (required)
- Certified Death Certificate (required)
- Original Will If the decedent had a will, the original has to be filed with the verified statement, unless previously filed.
- Copy of paid funeral bill.
- Copy of paperwork showing the asset copy of stock, bank statement, etc. (required)
- Copy of last 60 days medical expenses with receipts
- Consents of any additional heirs with address and notarized signature, or death certificate, if applicable.
- Statement Regarding Creditors <u>Our judges have consistently required petitioner's to file for a Summary Administration when there are known creditors</u>. (required)
- For current filing fee, please see Fee Schedule at www.SarasotaClerk.com
- An Affidavit stating that the deceased person was never married and did not have children may be required, if applicable.

Disposition of Personal Property Without Administration does not apply when the asset consists of the decedent's Income Tax return. Refer the petitioner to Florida Statute 735.302.

#### When filling out the petition:

- Print the decedent's name after the words "In Re:"
- Print your name and address, as well as all other required information
- Check correct box indicating that either there is no will, or that you are filing it at this time.
- List beneficiaries (heirs) in descending order at item no. 2; you may use the back of the form, but indicate on the front of the form that you've done so.
- When listing estate property at item no. 3, you must provide the mailing address as part of the description. You may consult Florida Statute No. 732.402 for definitions of "exempt property."
- Attach a copy of the paid funeral bill and the last 60 days medical expenses and receipts showing payment. (If the asset is needed to pay the bill, the order can reflect that the proceeds go directly to the funeral home.)

The forms may be sworn to before the deputy clerk or a notary public. After completing the forms, file all documents with the clerk along with the filing fee. All documents will be forwarded to the judge. A plain copy and a certified copy of the Order to Disburse or Transfer Assets will be provided to you. The certified copy is to be presented by you to the financial institution.

## IN THE CIRCUIT COURT IN AND FOR COUNTY, FLORIDA IN RE: \_\_\_\_\_\_, File No. \_\_\_\_\_ Deceased **Division: PROBATE** DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION Verified Statement Petitioner, \_\_\_\_\_\_, alleges: 1. Petitioner, whose name and address are \_\_\_\_\_ and whose social security number is \_\_\_\_\_\_, and who is \_\_\_\_\_ of \_\_\_\_\_\_, who died at \_\_\_\_\_ on the \_\_\_\_\_, day of \_\_\_\_\_, 20\_\_\_\_, a resident of \_\_\_\_\_\_,whose last known address was and, if known, whose age was \_\_\_\_\_ and whose social security number is [\_\_\_] The decedent left no will. [\_\_\_] The decedent's will was deposited with the clerk on \_\_\_\_\_\_, 20\_\_\_\_\_. 2. So far as is known, the names of the beneficiaries of the decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationships to decedent, and the ages of any who are minors, are: **AGE** NAME ADDRESS RELATIONSHIP (Birth date if minor)

3. The estate of decedent consists only of personal property exempt under the provisions of Section 732.402 of the Florida Probate Code; personal property exempt from the claims of creditors under the Constitution of Florida; and nonexempt personal property the value of which does not exceed the sum of the amount of preferred funeral expenses, and reasonable and necessary medical and hospital expenses of the last 60 days of the decedent's last illness, all being described as follows:

### **DESCRIPTION**

### **VALUE**

estimated value. Include the b	her items of personal property o palance of items as stocks, bond nd other items of the deceased.	owned by the deceased and their s & accounts, name of
Preferred funeral expenses (st <u>Services by</u>	eatement or receipt attached):  Amount	Paid or Due
Medical and hospital expense Services by	es for last 60 days of last illness: <u>Type of Service</u>	(statement or receipt attached): Paid or Due
Other debts of decedent:		
<u>Creditor</u>	Goods or Services (How incurred)	<u>Amount</u>

Requested payment or distribut		
<u>Name</u>	Property	Amount or Value
I know of no other assets or de	bts of the deceden	t except:
Under penalties of perjury, are true, to the best of my know		ave read the foregoing, and the facts alleged
Sworn and subscribed to before who is personally known of Type of Identification produced	or produced	
Statement made before:	-	(Signature of Petitioner)
(Deputy Clerk or Notary)		(Print Name of Petitioner)
My commission expires:		(Street Address)
		(City, State, Zip Code)
	-	(Telephone)