

**TO FILE A DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION,
WE WILL NEED THE FOLLOWING INFORMATION:**

*** Must wait **30 days** after date of death ***

*** A filing fee of **\$231.00** is required at the time of filing ***

YOU MUST FILL OUT THE PETITION COMPLETELY (DO NOT PUT SEE ATTACHED)!

You will need to bring into the Clerk's Office the following:

1. Death Certificate
2. Copy of paid or unpaid funeral expenses
3. Copy of medical & hospital expenses this is to protect the right of the creditors. (Only if there are any)
4. Copy of statement showing the Names of the Business with the account number and the amount of money to be received.
5. Original Will

Person to sign the Petition must be a relative in the following manner:

1. Husband or Wife
2. Children (**all must sign if parents are deceased**)

You cannot file a DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION, If you:

1. Own Real Estate Property in Florida at the time of death in the deceased name.
2. Saving or checking accounts over the incurred funeral expenses or \$ 10,000 (preferred funeral expenses)
3. Have any stocks or bonds over the incurred funeral expenses or \$ 10,000 (preferred funeral expenses)
4. Any business requiring Letters of Administration
5. Any checks that is to be received monthly. (example: Oil Checks, mineral rights)
6. Is there a wrongful Death Action pending or going to be filed?

If there are any yes answers to the above statements, you will need to seek the advise of an Attorney, because more than likely you will need to Probate the Deceased persons estate.

If you need an Attorney the Lawyer Referral number is 850-434-6009, and Legal Aid number is 850-432-8222.

THE DECEASED MUST HAVE BEEN A RESIDENT OF SANTA ROSA COUNTY.

*** If the estate consists of a checking or savings account, we will need the most recent bank statement of the decedent's account(s).***

*** If you have an account, stocks, bonds, checking, etc. that exceeds the funeral expenses of the deceased or the preferred funeral expenses, then **YOU WILL NEED TO SEEK LEGAL ADVICE.**

For additional information contact the Probate Department: (850)981-5584 or (850)981-5533
Monday through Friday, 8:00 am to 4:30 pm Central Time.

Please provide stamped/addressed envelopes for everyone who will need to receive a certified copy of the Order.

(example: The Petitioner and the entity that has the funds)

No Attorney is Required

Florida Statute 735.301 No Administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only personal property exempt under the provisions of s.732.402, 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 last illness. Florida Statute

IN THE CIRCUIT COURT FOR SANTA ROSA COUNTY, FLORIDA

IN REF: ESTATE OF

PROBATE DIVISION

File Number 57-____-CP-____

Deceased

Division PROBATE

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
Verified Statement

Petitioner, _____, alleges:

1. Petitioner, whose address is _____ and is the _____, of _____ who died at _____ on the _____ day _____, _____, 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 _____, _____.

2. So far as is known, the names of the beneficiaries of 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:

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:

EXEMPT:

Description	Value

NON-EXEMPT:

Description	Value

Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due

Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):

Services by	Type of Service	Amount	Paid or Due

Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount

Petitioner requests that the Court issue a letter or other writing under the seal of the Court authorizing payment, transfer, or disposition of the property to:

Name	Property	Amount or Value

I know of no other assets or debts of the decedent except:

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signature of Petitioner

Printed Name of Petitioner

Address

City, State and Zip Code

Telephone Number: _____

Email address: _____

Sworn to and subscribed before me this ____ day of _____, 20 ____.

CLERK OF CIRCUIT AND COUNTY COURTS

By: _____
Deputy Clerk

(FOR ADDITIONAL PETITIONER OR HEIRS. PETITIONER TO SIGN IN FRONT OF NOTARY)

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signature of Petitioner or Heir

Printed Name of Petitioner or Heir

Address

City, State and Zip Code

Telephone Number: _____

Email address: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, ____ by _____ who produced _____ as identification and who did take an oath.

Notary Public

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

Signature of Petitioner or Heir

Printed Name of Petitioner or Heir

Address

City, State and Zip Code

Telephone Number: _____

Email address: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, by _____ who produced _____ as identification and who did take an oath.

Notary Public

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NUMBER:

DIVISION: D

Deceased.

_____ /

AFFIDAVIT OF HEIRS

This document is required in all intestate estates, whether Formal Administration, Summary Administration, and requests for Disposition of Personal Property without Administration. For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and provide the date of death. Answering with "N/A," "not applicable," or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. **Spouse of Decedent.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

2. **Children of the Decedent, or descendants of deceased children.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child's biological parent.

7. **Kindred of last deceased spouse.** (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

8. I, the affiant, am _____ am not _____ related to the decedent as follows
_____. I have known the decedent for _____
years. Decedent _____ died on _____.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

Affiant Signature

Date

Print Name of Affiant

Affiant's Address & Telephone Number:

Name of Attorney

Bar Number

FURTHER AFFIANT SAYETH NOT.

State of _____
City of _____
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____
20_____, who is personally known to me or who has produced _____
as identification.

Notary Public, State of Florida at Large
My Commission Expires:

*The attorney e-filing this affidavit is required to retain a copy of the original.