

FILING FEE OF \$231.00

YOU MUST PROVIDE A RECIEPT FROM THE FUNERAL.

NOTE: IF THE FUNERAL HOME SHOWS A BALANCE, MONEY AWARDED MAY BE APPLIED TO THE BALANCE FIRST.

YOU MUST PROVIDE A COPY OF SOME TYPE OF DOCUMENT THAT SHOWS AN APPROXIMATE AMOUNT TO BE AWARDED.

EXAMPLES:

- SAVINGS ACCOUNT STATEMENT
- CHECKING ACCOUNT STATEMENT
- CAPITAL CREDIT DOCUMENTATION/STATEMENT
- INSURANCE

YOU MUST PROVIDE AN ORIGINAL DEATH CERTIFICATE.

IF THERE ARE MULTIPLE HEIRS, YOU MUST INCLUDE A SIGNED/NOTARIZED CONSENT FROM EACH PERSON.

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

A/K/A "SMALL ESTATE"

Under Section 735.301(1), Florida Statutes (F.S.), Disposition Without Administration, no administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only:

- (1) Personal Property exempt from the claims of creditors under the Constitution of Florida; and
 - (a) household furniture, furnishings, and appliances in the decedent's usual place of abode up to a net value of \$10,000.00 as of the date of death; and
 - (b) all automobiles held in the decedent's name and regularly used by the decedent or members of the decedent's immediate family as their personal automobiles;

- (2) Personal Property exempt from the claims of creditors under the Constitution of Florida; and

- (3) Nonexempt personal property, the value of which does not exceed the amount of:

- (a) Preferred funeral expenses under F.S.733.707(1)(b) being further described as:

CLASS 2: Reasonable funeral, interment, and grave-marker expenses, whether paid by the guardian under F.S. 744.441(16), the personal representative or any other person not to exceed the aggregate amount of \$6,000.00;

And

- (b) reasonable and necessary medical expenses under F.S.733.707(1)(d) being further described as:

CLASS 4: Reasonable and necessary medical and hospital expenses of the last 60 days of the last illness of the decedent including compensation of persons attending him/her.

REQUIREMENTS FOR FILING
THE DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION A/K/A
"SMALL ESTATE"

The following is a list of the requirements for filing the Disposition Without Administration or "Small Estate". Please bring in or mail the following:

- 1. Completed Verified Statement being sure to leave no blanks.
- 2. Certified Copy of Certificate of Death
- 3. Copy of paid or unpaid funeral bill.
- 4. Copy of paid or unpaid medical and hospital bills for the last 60 days of decedent's life including bills for compensation paid to persons attending the decedent. (NOTE: If you are unable to obtain a paid statement from the doctor or hospital, bring a copy of the most recent statement AND your canceled check.) If all medical bills are being paid by the decedents insurance company, so state on the verified statement.
- 5. Original of the Last Will and Testament.
- 6. Information to substantiate or verify the asset(s) such as an insurance policy, stock certificates, most recent bank statement, savings passbook, statement from nursing home showing funds held in an escrow account. Be sure that the above documents show the correct name and address of the person or institution holding the asset including account numbers or other identifying numbers.
- 7. Filing fee of \$231.00. If paying by mail, please make a cashier's check or money order payable to: **Office of Lora C. Bell, Washington County Clerk and Comptroller.**

IN THE CIRCUIT COURT FOR THE 14TH JUDICIAL CIRCUIT, STATE OF FLORIDA
PROBATE AND GUARDIANSHIP DIVISION
Colby Peel, Acting Circuit Judge

IN RE:

CASE NO.: _____

DATE: _____

Deceased

Reference: Florida Statute 735.301

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
(Verified Statement) rvd 9/11

Petitioner, _____, alleges:

1. Petitioner, whose address is _____

_____ and who is the _____ of the decedent, _____

who died at _____ on the _____ day of _____, 20____,

a resident of _____, whose last known address was

_____, and, if known, whose age was _____.

[] 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 decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the ages of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	AGE (birth date if minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The estate of decedent consist only of personal property exempt under the provisions of Section

IN THE CIRCUIT COURT FOR THE 14TH JUDICIAL CIRCUIT, STATE OF FLORIDA
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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 expenses of the last 60 days of the decedent's last illness, all being described as follows:

Description	Value
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EXEMPT: _____

NON-EXEMPT: _____

Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
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Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):

Services by	Type of Service	Amount	Paid or Due
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Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount
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Petitioner requests that the Court issue a letter 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

Print Name _____

Address _____

Telephone: _____

Signature of Petitioner

Print Name _____

Address _____

Telephone _____

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

CLERK OF CIRCUIT AND COUNTY COURTS

By: _____
Deputy Clerk