

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

(FLA. STAT. 735.301)

This probate proceeding is used to request release of assets of a decedent leaving only personal property as described in Fla. Stat. 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. Assets are things held in the decedent's name alone. The value must be for the entire estate; you cannot probate a portion of the estate. The decedent must have been a resident of Seminole County.

When filling out the attached Petition:

- Print the decedent's name after the words "IN RE: THE ESTATE OF:". The clerk will input the case number.
- 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) 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. (A SIGNED CONSENT MUST BE FILED FOR EACH HEIR; SEE NO. 3 ON CHECKLIST BELOW)
- 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."
- Have your signature notarized OR wait to sign the Petition in front of a clerk and bring photo identification.

In addition to the Petition for Disposition of Personal Property, you must provide the items on the following checklist:

- 1. CERTIFIED copy of Death Certificate
- 2. Original Will (IF APPLICABLE)
- 3. Consent signed by all heirs (IF APPLICABLE- FORM ATTACHED).
- 4. Description of assets (SUCH AS A BANK STATEMENT OR LETTER FROM NURSING HOME) that includes any account numbers, name and address of fiduciary or facility, and amount or value.
- 5. Copy of funeral bill or receipt.
- 6. Copy of any medical bills or receipts for the last 60 days if not covered by insurance.
- 7. List of any other creditors (bills owed by the decedent at the time of death).
- 8. Filing fee of \$231.00 (NON-REFUNDABLE).

All documents should be submitted to the Probate Department at 190 Eslinger Way, Sanford FL 32773. The Court will review all documents filed and if approved, a letter will be issued to the facility authorizing distribution of the assets. There is NO guarantee that the Court will approve the Petition and an attorney may be required to file additional probate proceedings.

Florida Statutes 735.301 and 732.402 follow:

735.301 Disposition without administration. -

(1) 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.

(2) Upon informal application by affidavit, letter, or otherwise by any interested party, and if the court is satisfied that subsection (1) is applicable, the court, by letter or other writing under the seal of the court, may authorize the payment, transfer, or disposition of the personal property, tangible or intangible, belonging to the decedent to those persons entitled.

(3) Any person, firm, or corporation paying, delivering, or transferring property under the authorization shall be forever discharged from liability thereon.

732.402 Exempt Property. -

(1) If a decedent was domiciled in this state at the time of death, the surviving spouse, or, if there is no surviving spouse, the children of the decedent shall have the right to a share of the estate of the decedent as provided in this section, to be designated "exempt property."

(2) Exempt property shall consist of:

(a) Household furniture, furnishings, and appliances in the decedent's usual place of abode up to a net value of \$20,000 as of the date of death.

(b) Two motor vehicles as defined in s. 316.003(21), which do not, individually as to either such motor vehicle, have a gross vehicle weight in excess of 15,000 pounds, held in the decedent's name and regularly used by the decedent or members of the decedent's immediate family as their personal motor vehicles.

(c) All qualified tuition programs authorized by s. 529 of the Internal Revenue Code of 1986, as amended, including, but not limited to, the Florida Prepaid College Trust Fund advance payment contracts under s. 1009.98 and the Florida Prepaid College Trust Fund participation agreements under s. 1009.981.

(d) All benefits paid pursuant to s. 112.1915.

(3) Exempt property shall be exempt from all claims against the estate except perfected security interests thereon.

(4) Exempt property shall be in addition to protected homestead, statutory entitlements, and property passing under the decedent's will or by intestate succession.

(5) Property specifically or demonstratively devised by the decedent's will to any devisee shall not be included in exempt property. However, persons to whom property has been specifically or demonstratively devised and who would otherwise be entitled to it as exempt property under this section may have the court determine the property to be exempt from claims, except for perfected security interests thereon, *after* complying with the provisions of subsection (6).

(6) Persons entitled to exempt property shall be deemed to have waived their rights under this section unless a petition for determination of exempt property is filed by or on behalf of the persons entitled to the exempt property on or before the later of the date that is 4 months after the date of service of the notice of administration or the date that is 40 days after the date of termination of any proceeding involving the construction, admission to probate, or validity of the will or involving any other matter affecting any part of the estate subject to this section.

(7) Property determined as exempt under this section shall be excluded from the value of the estate before residuary, intestate, or pretermitted or elective shares are determined.

**IN THE CIRCUIT COURT EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA**

IN RE: THE ESTATE OF:

PROBATE DIVISION

CASE NO: _____

DIVISION _____

Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

(FLA. STAT. 735.301)

Verified statement

Petitioner, _____, alleges:

1. Petitioner, whose address is _____ and whose social security number is ____-____-____, is the _____ of _____, who died at _____ on _____, _____ a resident of _____, 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 decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the dates of birth of and who are minors are:

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	BIRTHDATE (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 non-exempt 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 OF EXEMPT PROPERTY	VALUE

TOTAL: \$ _____

NON-EXEMPT:

DESCRIPTION OF NON-EXEMPT PROPERTY	VALUE

TOTAL: \$ _____

4. Preferred funeral expenses (statement or receipt attached):

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID OR DUE

TOTAL: \$ _____

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

SERVICES PROVIDED BY	AMOUNT OR EXPENSES	PAID OR DUE

TOTAL: \$ _____

6. **Other debts of decedent**

CREDITOR	GOODS OR SERVICES (HOW INCURRED)	AMOUNT DUE

TOTAL: \$ _____

7. **Requested payment or distribution to:**

NAME	ADDRESS	PROPERTY	AMOUNT OR DOLLAR VALUE

TOTAL: \$ _____

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

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

(Signature of Petitioner)

(Name of Petitioner)

(Address)

(City, State)

(Telephone)

Sworn to and subscribed before me this ____ day of _____, 20____ by _____
_____ who produced _____ as identification.

GRANT MALOY
Clerk of Circuit Court

BY: _____
Deputy Clerk

_____. 20__

State of Florida Notary Public

signature

print name

My commission expires:

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR SEMINOLE COUNTY,
FLORIDA

IN RE: ESTATE OF

CASE NO: _____

_____/
Deceased

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION WAIVER &
CONSENT BY INTERESTED PARTY**

I, _____, residing at _____,
NAME OF INTERESTED PARTY ADDRESS
_____, am the _____ of
CITY STATE ZIP RELATIONSHIP TO DECEDENT
_____.
NAME OF DECEDENT

I hereby waive my RIGHT, TITLE and INTEREST to the assets of this Estate in favor of

_____ to enable them to pay the expenses or receive the proceeds of the
NAME OF PETITIONER

Estate of the above-named decedent.

SIGNATURE OF WITNESS

SIGNATURE OF INTERSTED PARTY

NAME OF WITNESS (*printed*)

NAME OF INTERESTED PARTY
(*printed*)

DATE

DATE

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA.

IN RE: ESTATE OF _____

CASE NO: _____

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), the filer of a court record at the time of filing shall indicate whether any confidential information is included within the document being filed; identify the confidentiality provision that applies to the identified information; and identify the precise location of the confidential information within the document being filed.

Title/Type of Document(s): _____

Indicate the applicable confidentiality provision(s) below from Rule 2.420(1)(B), by specifying the location within the document on the space provided:

- _____ Chapter 39 records relating to dependency matter, termination of parental rights, guardians as litem, child abuse, neglect and abandonment. §39.0132(3), Fla. Stat. (If the document is filed within a Chapter 39 case, this form is not required.)
- _____ Adoption records. §63.162, Fla. Stat. (If the document is filed within a Chapter 63 adoption case, this form is not required.)
- _____ Social Security, bank account, charge, debit, and credit card numbers in court records. §119.0714(1)(i)-(j), (2)(a)-(e), Fla. Stat. (Unless redaction is requested pursuant to §119.0714(2), Fla. Stat. this information is exempt only as of January 1, 2012).
- _____ HIV test result and patient identity within the HIV results. §381.004(2)(e), Fla. Stat.
- _____ Sexually Transmitted diseases— test results and identity within the test results when provided by the Department of Health or the department’s authorized representative. §384.29, Fla. Stat.
- _____ Birth and death certificates, including court-issued delayed birth certificates and fetal death certificates. §382.008(6) and §382.025(1)(a), Fla. Stat.
- _____ Identifying information in petition by minor for waiver of parental notice when seeking to terminate pregnancy. §390.01116, Fla. Stat. (If the document is filed within a Ch. 390 waiver of parental notice case, this form is not required.)
- _____ Identifying information in clinical mental health records under the Baker Act. §394.4615(7), Fla. Stat.
- _____ Records of substance abuse service providers which pertain to the identity, diagnosis, and prognosis of and service provision to individuals who have received services from substance abuse service providers. §397.501(7), Fla. Stat.

- _____ Identifying information in clinical records of detained criminal defendants found incompetent to proceed or acquitted by reason of insanity. §916.107(8), Fla. Stat.
- _____ Estate inventories and accountings. §733.604(1), Fla. Stat.
- _____ Victim’s address in domestic violence action on petitioner’s request. §741.30(3)(b), Fla. Stat.
- _____ Information identifying victims of sexual offenses, including child sexual abuse. §119.071(2)(h) and §119.0714(1)(h), Fla. Stat.
- _____ Gestational surrogacy records. §742.16(9), Fla. Stat.
- _____ Guardianship reports and orders appointing court monitors in guardianship cases. §744.1076 and §744.3701, Fla. Stat.
- _____ Grand jury records. Ch 905, Fla. Stat. (If the document is filed in a Ch. 905 grand jury proceeding this form is not required.)
- _____ Information acquired by courts and law enforcement regarding family services for children. §984.06(3)-(4), Fla. Stat. (If the document is filed in a Ch. 984 family services for children case, this form is not required.)
- _____ Juvenile delinquency records. §985.04(1) and §985.045(2), Fla. Stat. (If the document is filed in a Ch. 985 juvenile delinquency case, this form is not required.)
- _____ Information disclosing the identity of persons subject to tuberculosis proceedings and records of the Department of Health in suspected tuberculosis cases. §392.545 and §392.65, Fla. Stat.
- _____ Complete presentence investigation reports. Fla. R. Crim. P. 3.712.
- _____ Forensic behavioral health evaluations under Chapter 916. §916.1065, Fla. Stat.
- _____ Eligibility screening, substance abuse screening, behavioral health evaluations, and treatment status reports for defendants referred to or considered for referral to a drug court program. §397.334(10)(a), Fla. Stat.

Signature of Petitioner

Printed Name of Petitioner

Note: The clerk of court shall review filings identified as containing information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of Rule 2.420.

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT
IN AND FOR SEMINOLE COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: _____

Deceased.

_____ /

**ORDER FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
(FLA. STAT. 735.301)**

On the verified statement of _____, for an Order for Disposition of Personal Property without Administration on the estate of _____, deceased, the Court finds that the decedent was a resident of Seminole County, Florida, and died on

_____.

At the time of death, the decedent was the owner of the following described assets:

ASSET	LOCATION OF ASSET	APPROXIMATE VALUE OF ASSET

As this estate is so small, administration will not be required by this Court. In view of the foregoing, this is your authority pursuant to F.S. 735.301 to distribute the assets shown above to the following:

NAME	ADDRESS	AMOUNT and PERCENTAGE OF DISTRIBUTION

It is **ORDERED** that the assets be PAID, TRANSFERRED or MAILED directly to the beneficiaries or claimants as set forth in this Order.

ADJUDGED FURTHER that the debtors of the decedent, those holding property of the decedent, and those with whom securities or other property of the decedent are registered, are authorized to comply with this Order, and any person, firm or corporation paying, delivering or transferring property under this Order shall be forever discharged from any liability thereon.

ORDERED at Seminole County, Florida, this ____ day of _____, 20____.

CIRCUIT JUDGE

IN THE _____ COURT OF THE 18TH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA

Plaintiff/Petitioner

Citation #(s): _____

vs.

Case #(s): _____

Defendant/Respondent

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY NOT REPRESENTED BY AN
ATTORNEY**

****Not to be used in cases governed by the Florida Family Law Rules of Procedure; in cases governed by the Florida Family Law Rules of Procedure, use Florida Supreme Court Approved Family Law Form 12.915****

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C), I, (name) _____, designate the e-mail address(es) below for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

(Designated e-mail address) _____

(Secondary designated e-mail address(es) (if any)) _____

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the Clerk of Court for Seminole County and (insert name(s) and address(es) of parties used for service) _____

by e-mail delivery mail on (date) _____.

(signature)

(printed name)

(e-mail address)

(address)

(phone number)