DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

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.

All blank spaces on the verified statement must be completed.

Please attach the following items to the Disposition of Personal Property without Administration which apply:

- 1. Certified copy of the Death Certificate
- 2. Original last Will and Testament (if decedent had a will)
- 3. Copy of the paid funeral bill or cancelled check showing payment of the funeral bill
- 4. Identifying information on asset(s) to be transferred with value as of the date of death or current value

Examples:

Bank statement which includes name and address of bank Letter from nursing home which is holding a patient account balance Statement from stock broker and copy of stock certificates with name and address of transfer agent

5. Filing fee in the amount of \$231.00. Please make your check payable to Clerk of Circuit Court. If you are mailing the forms, send to Clerk of Circuit Court, Probate Division, 1 Courthouse Circle, Monticello, Florida 32344.

If the petition is approved by the Judge, he will issue a letter to the custodian of the asset with instructions for release of the asset.

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR JEFFERSON COUNTY, FLORIDA

RE: ESTATE OF		FILE NO:
Deceased		
DISPOSITION	OF PERSONAL PROPERTY WITHO VERIFIED STATEMENT	OUT ADMINISTRATION
The Petitioner,		, whose relationship to the
decedent is	_, alleges that	
a resident of Jefferson Count whose	ty, who's Social Security Number was	and
last known address was		,
died on		
The dec	edent left no will. edent's will was deposited with the cle	erk on,
provisions of s. 732.402, persor and nonexempt personal proper expenses and reasonable and ne	nal property exempt from the claims of creed ty the value of which does not exceed the secessary medical and hospital expenses of the tion to be used in the transfer of these asset	sum of the amount of preferred funeral he last 60 days of the last illness.
ASSETS DESCRIPTION	ADDRESS OF FIDUCIARY	DOLLAR AMOUNT

Funeral or burial exp SERVICES BY	enses (attach statement and/ ADDRESS	or receipts); AMOUNT	PAID OR DUE		
Last illness expenses SERVICES BY	(statement and/or paid recei ADDRESS TYP		AMOUNT	PAID?	
Petition requests pay NAME	ment or distribution to: ADDRESS	ASSET	VAI	JUE	
I know of no other as	ssets in the decedent's name	alone except:			
Under penalties of pe best of my knowledg	erjury, I declare that I have ree and belief.	ead the foregoing an	nd the facts alle	ged are true, t	
DATE:		Signature of I	Signature of Petitioner		
		Name of Petitioner (Print Name)			
Statement obtained b	y:	Address	Address		
Deputy Clerk		City	State	Zip	
		(Area Code	(Area Code) Telephone Number		
		Relationshi	Relationship to Decedent		