

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.

Funeral or burial expenses (attach statement and/or receipts);

SERVICES BY	ADDRESS	AMOUNT	PAID OR DUE
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Last illness expenses (statement and/or paid receipt attached):

SERVICES BY	ADDRESS	TYPE OF SERVICE	AMOUNT	PAID?
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Petition requests payment or distribution to:

NAME	ADDRESS	ASSET	VALUE
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I know of no other assets in the decedent's name alone except:

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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.

DATE: _____

Signature of Petitioner

Name of Petitioner (Print Name)

Statement obtained by:

Address

Deputy Clerk

City State Zip

(Area Code) Telephone Number

Relationship to Decedent