

IN THE CIRCUIT COURT OF THE EIGHTH JUDICIAL CIRCUIT

IN AND FOR _____ COUNTY, FLORIDA

IN RE: THE ESTATE OF

CASE NUMBER:

_____,
Probate Division
Deceased.

PETITION FOR DISPOSITION WITHOUT ADMINISTRATION

(Verified Statement)

Petitioner(s), _____, alleges:

1. Petitioner, whose address is _____

_____ is *[relationship to decedent]* _____

_____ of *[decedent name]* _____,

the Decedent, who died on *[date of death]* _____ a resident of *[county and state of residence]* _____.

Decedent, whose last known address was _____,

and, if known, whose age at the time of death was _____, *[check one]* _____ *left a will, the original of which is attached to this petition, or* _____ *died intestate (without a will).* If the decedent left a will, the will is either in the possession of the court or accompanies this petition.

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 dates of birth of any who are minors are:

| Name of Beneficiary | Age and DOB if Minor | Address | Relationship of Beneficiary to Decedent |
|---------------------|----------------------|---------|---|
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3. The estate of decedent consists only of personal property exempt from the claims of creditors under section 732.402, Florida Statutes, or 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 Property

| Description of Property | Value |
|-------------------------|-------|
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Non-Exempt Property

| Description of Property | Value |
|-------------------------|-------|
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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 (Statement or Receipt Attached)

| Creditor | Goods or Services (How Debt Incurred) | Amount |
|-----------------|--|---------------|
| | | |
| | | |

4. Applicant 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 |
|-------------|-----------------|------------------------|
| | | |
| | | |
| | | |
| | | |

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.

NOTE: Before this petition can be processed, you must file a complete affidavit of heirs all interested parties must sign a joinder, waiver and consent or be served by formal notice.

Signature of Petitioner

Printed Name of Petitioner

Address

Email Address

Phone Number

Statement made before

Deputy Clerk

Clerk of the Circuit Court
(Seal)

OR

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to, subscribed and acknowledged this ____ day of _____, 20____, by _____, who is () personally known to me or () produced _____ as identification.

Notary