

IN THE CIRCUIT COURT IN AND FOR _____ COUNTY, FLORIDA

IN RE: _____,
Deceased

File No. _____
Division: PROBATE

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Verified Statement

Petitioner, _____, alleges:

1. Petitioner, whose name and address are _____

_____ and whose social security number is _____, and who is

_____ of _____,

who died at _____

on the _____ day of _____, 20____, a resident of

_____, whose last known address was

_____,

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

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u> (Birth date if minor)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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 decedent's last illness, all being described as follows:

DESCRIPTION

VALUE

EXEMPT: List - Automobiles used by the deceased or members of the deceased's immediate family, household furniture and furnishings, Florida prepaid college tuition and other items of personal property not to exceed \$1,000 in value.

NON-EXEMPT: List - All other items of personal property owned by the deceased and their estimated value. Include the balance of items as stocks, bonds & accounts, name of institution, account number and other items of the deceased.

Preferred funeral expenses (statement or receipt attached):

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

<u>Services by</u>	<u>Type of Service</u>	<u>Paid or Due</u>
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Other debts of decedent:

<u>Creditor</u>	<u>Goods or Services (How incurred)</u>	<u>Amount</u>
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Requested payment or distribution to:

<u>Name</u>	<u>Property</u>	<u>Amount or Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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.

Sworn and subscribed to before me this ____ day of _____, 20 ____,
who ____ is personally known or ____ produced identification.
Type of Identification produced _____.

Statement made before:

(Signature of Petitioner)

(Deputy Clerk or Notary)

(Print Name of Petitioner)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)

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CONSENT TO DISPOSITION OF PERSONAL PROPERTY

The undersigned consents to _____, the petitioner, receiving the following property:

Description of Asset	Account Number	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

and waives all claims, rights, title, and interest in said property.

Sworn and subscribed to before me this ____ day of _____, 20____,
who ____ is personally known or _____ produced identification.
Type of Identification produced _____.

Statement made before:

(Deputy Clerk or Notary)

(Signature)

(Deputy Clerk or Notary)

(Print Name)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)

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AFFIDAVIT

Comes now, the Petitioner of the above entitled estate, and shows the Court as follows:

1. That the petitioner is qualified and entitled to receive the asset requested in the petition, and that
2. At the time of death, the deceased was unmarried, and deceased had no living children, adopted or natural.

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.

Sworn and subscribed to before me this ____ day of _____, 20____,
who ____ is personally known or _____ produced identification.
Type of Identification produced _____.

Statement made before:

(Signature)

(Deputy Clerk or Notary)

(Print Name)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)

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STATEMENT REGARDING CREDITORS

The undersigned, _____, as
PRINT NAME OF PETITIONER

petitioner for the disposition of personal property without administration for the

decedent _____, alleges:
PRINT NAME OF DECEDENT

Diligent search has been made to ascertain the names and location or mailing addresses of any creditors of the decedent and of all other persons having claims or demands against the deceased.

The names and, if known, the addresses of any creditors or other persons ascertained to have claims or demands against the deceased are as set forth below
(LIST CREDITORS BELOW OR INSERT "NONE" AS APPROPRIATE):

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.

Signed on _____, 2_____.

(Signature)

Statement made before:

(Print name)

(Deputy Clerk or Notary)

(Street Address)

(City, State, Zip Code)

(Notary Seal)

(Telephone)

IT IS A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION IN THIS STATEMENT