

IN THE CIRCUIT COURT OF THE \_\_\_\_\_ JUDICIAL  
CIRCUIT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: THE ESTATE OF \_\_\_\_\_  
\_\_\_\_\_

CASE: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
Verified Statement

Applicant, \_\_\_\_\_, alleges:

1. Applicant, whose address is \_\_\_\_\_  
\_\_\_\_\_  
is \_\_\_\_\_  
of \_\_\_\_\_ who died at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a resident of \_\_\_\_\_ County, 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 and Comptroller on \_\_\_\_\_.

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 the decedent, and the dates of birth of any who are minors are:

Name	Address	Relationship	Birth Date (if Minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
Verified Statement

IN RE: THE ESTATE OF \_\_\_\_\_  
\_\_\_\_\_

CASE: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

3. The estate of decedent consists only of personal property exempt of creditors under Section 732.402 of the Florida Probate Code and 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:

	Description	Value
EXEMPT:	_____	_____
	_____	_____
	_____	_____
	_____	_____

NON-EXEMPT:	_____	_____
	_____	_____
	_____	_____
	_____	_____

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
Verified Statement

IN RE: THE ESTATE OF \_\_\_\_\_  
\_\_\_\_\_

CASE: \_\_\_\_\_  
DIVISION: \_\_\_\_\_

**Other debts of decedent:**

Creditor	Goods or Services (How incurred)	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 my knowledge and belief.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
(Signature of Applicant)  
\_\_\_\_\_  
(Printed Name of Applicant)  
\_\_\_\_\_  
(Address of Applicant)  
\_\_\_\_\_  
(City, State, Zip Code)  
Telephone: (\_\_\_\_\_) \_\_\_\_\_

Statement made before

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
County Clerk & Comptroller

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
Verified Statement

IN RE: THE ESTATE OF \_\_\_\_\_  
\_\_\_\_\_

CASE: \_\_\_\_\_

DIVISION: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_ personally known to me (or who has produced \_\_\_\_\_ as identification) and who appeared to me  by physical presence  by means of audio-video communication technology and who  did  did not take an oath.

\_\_\_\_\_  
NOTARY PUBLIC – STATE OF FLORIDA

Name: \_\_\_\_\_

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_