

**Please read and follow the instructions for  
DISPOSITION OF PERSONAL PROPERTY**

TO OBTAIN A DISPOSITION OF PERSONAL PROPERTY WITHOUT  
ADMINISTRATION, YOU MUST FILE THE COMPLETED FORMS AS FOLLOWS:

- Disposition without Administration Petition - 3 pages, notarized (required)
- Certified Death Certificate (required)
- Original Will - If the decedent had a will, the original has to be filed with the verified statement, unless previously filed.
- Copy of paid funeral bill.
- Copy of paperwork showing the asset - copy of stock, bank statement, etc. (required)
- Copy of last 60 days medical expenses with receipts
- Consents of any additional heirs with address and notarized signature, or death certificate, if applicable.
- Statement Regarding Creditors - *Our judges have consistently required petitioner's to file for a Summary Administration when there are known creditors.* (required)
- For current filing fee, please see Fee Schedule at [www.SarasotaClerk.com](http://www.SarasotaClerk.com)
- An Affidavit stating that the deceased person was never married and did not have children may be required, if applicable.

*Disposition of Personal Property Without Administration does not apply when the asset consists of the decedent's Income Tax return. Refer the petitioner to Florida Statute 735.302.*

When filling out the petition:

- Print the decedent's name after the words "In Re:"
- Print your name and address, as well as all other required information
- Check correct box indicating that either there is no will, or that you are filing it at this time.
- List beneficiaries (heirs) in descending order at item no. 2; you may use the back of the form, but indicate on the front of the form that you've done so.
- When listing estate property at item no. 3, you must provide the mailing address as part of the description. You may consult Florida Statute No. 732.402 for definitions of "exempt property."
- Attach a copy of the paid funeral bill and the last 60 days medical expenses and receipts showing payment. (If the asset is needed to pay the bill, the order can reflect that the proceeds go directly to the funeral home.)

The forms may be sworn to before the deputy clerk or a notary public. After completing the forms, file all documents with the clerk along with the filing fee. All documents will be forwarded to the judge. A plain copy and a certified copy of the Order to Disburse or Transfer Assets will be provided to you. The certified copy is to be presented by you to the financial institution.

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.*

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*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.*

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Preferred funeral expenses (statement or receipt attached):

Services by

Amount

Paid or Due

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Medical and hospital expenses for last 60 days of last illness: (statement or receipt attached):

Services by

Type of Service

Paid or Due

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Other debts of decedent:

Creditor

Goods or Services  
(How incurred)

Amount

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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)

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: \_\_\_\_\_  
Deceased

File Number \_\_\_\_\_  
Probate: Division \_\_\_\_\_

**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: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Deputy Clerk or Notary) \_\_\_\_\_  
(Print Name)

My commission expires: \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Telephone)

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: \_\_\_\_\_  
Deceased

File Number \_\_\_\_\_  
Probate: Division

**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)

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE: \_\_\_\_\_  
Deceased

File Number \_\_\_\_\_  
Probate: Division \_\_\_\_\_

**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**