

PROBATE PROCEEDING

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

This probate proceeding is for “personal property” only (no real estate or title transfers) with a value of less than \$6,000. If the decedent owned real property, you may need to seek the advice of an attorney to help you handle the estate. The value shown is for the entire estate. You can not probate portion of an estate. Assets are things held in the decedent’s name alone. The deceased must have been a resident of Putnam County.

PLEASE FURNISH THE FOLLOWING INFORMATION AND DOCUMENTS TO THE CLERK OF THE CIRCUIT COURT, CIVIL DEPARTMENT, ROOM 223.

1. The Petitioner shall appear in person at the Law Department, Clerk of the Circuit Court’s office, Putnam County Courthouse, Room 223, Palatka, Florida, or it can be filed by mail to Putnam County Courthouse, Attn: Probate, P.O. Box 758, Palatka, Florida 32178-0758.
2. Bring a CERTIFIED copy of the death certificate. This will be filed and will not be returned.
3. Bring the original Last Will and Testament of the Decedent (if applicable). The original Will is filed and will not be returned. Certified copies can be obtained at any time.
4. Bring a list of all names, addresses, relationships and ages (birth dates if minors) of ALL heirs or beneficiaries of the decedent and a notarized statement of consent from each heir as to the distribution of the assets.
5. Bring a description of the assets (letter from nursing home, bank, credit union, bank statement) showing the account number and amount in the account to be probated. If the asset is a check or stocks, the originals should be provided.
6. Bring a copy of the funeral bill (if paid, need receipt). If the funeral bill has not been paid, the Court will use the assets of the estate to pay this debt.
7. Bring copy of any medical bills or receipts for the last 60 days if not covered by insurance.
8. Bring list of any other creditors (bills owed by the decedent at the time of death).
9. Bring information as to whom the assets should be distributed to, i.e. funeral home address, etc.
10. There is a filing fee of \$116.00 for preparation of the necessary documents. This fee is not refundable.

If the documents meet the Court’s approval, a letter will be sent by the Court to the facility authorizing distribution of the assets. **There is NO GUARANTEE that the Court will approve the petition and an attorney may be required to file additional probate proceedings for the estate.** If you have any questions concerning probating an estate or this procedure, please do not hesitate to contact the Law Department, Probate Division of the Clerk of the Circuit Court’s office at 326-7621 or 1-800-826-1437.

**IN THE CIRCUIT COURT SEVENTH JUDICIAL CIRCUIT, IN AND FOR
PUTNAM COUNTY, FLORIDA.**

IN RE: THE ESTATE OF:

PROBATE DIVISION

CASE NO. ____-____-CP

DIVISION ____

Deceased.

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Verified statement

Petitioner, _____, alleges:

1. Petitioner, whose address is _____ and whose social security number is ____-____-____, is the _____ of _____, who died at _____ on _____, _____, a resident of _____, 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 _____, 200__.

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 an who are minors are:

NAME	ADDRESS	RELATIONSHIP	BIRTHDATE (IF MINOR)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The estate of decedent consists only of personal property exempt from the claims of creditors under 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:

Description	Value
_____	_____
_____	_____

NON-EXEMPT:

Description	Value
_____	_____
_____	_____

4. Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
_____	_____	_____

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

Services by	Type of Services	Amount	Paid or Due
_____	_____	_____	_____
_____	_____	_____	_____

6. Other debts of decedent:

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

7. Requested payment or distribution to:

Name	Property	Amount or Value
_____	_____	_____
_____	_____	_____

8. I know of no other assets or debts of the decedent except: _____
_____.

Under penalties of perjury, I declare I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

(Signature of Petitioner)

(Name of Petitioner)

(Address) (City, State)

(Telephone)

Sworn to and subscribed before me this ____ day of _____, 200__ by _____
_____ who produced _____ as
identification.

TIM SMITH
Clerk of Circuit Court

By: _____
Deputy Clerk
_____, 200__

State of Florida Notary Public

signature

print name
My commission expires: