DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
Required Information and Filing Guidelines

Documents Required for Filing

Please bring the following items to the Clerk's Office:

1. Death Certificate
2. Funeral expense documentation (paid or unpaid)
3. Medical and hospital expenses documentation, if applicable to ensure creditors' rights are protected
4. Statement from the business or institution holding the funds, including the business name, account number and amount to be released.
5. Original Will, if one exists

Who May Sign the Petition

The petition must be signed by a qualifying relative:

1. Spouse
2. Children (if both parents are deceased, **all children must sign)**

Circumstances That Prevent Filing

You **cannot** file a Disposition of Personal Property Without Administration, If the decedent:

1. Owned Real Estate Property in Florida titled in their name at the time of death
2. Held saving or checking accounts exceeding the amount of funeral expenses **or** $20,000 (preferred funeral expenses)
3. Owned stocks or bonds exceeding funeral expenses **or** $20,000 (preferred funeral expenses)
4. Had a business interest requiring Letters of Administration
5. Received recurring payments, such as oil, mineral rights or checks
6. Has a pending or anticipated wrongful death action

If any of the above apply, you should consult an attorney, as formal probate proceedings will likely be required.

Attorney Resources

- Lawyer Referral Services: 1-800-342-8011
- Legal Aid number is 850-432-8222
- Northwest Florida Legal Services 850-432-2336

Residency Requirement

The deceased must have been a resident of Santa Rosa County.

Additional Documentation

- For estate consists of a checking or savings account, provide the **most recent bank statement** for each account.
- If any account, stocks, bonds or other assets **exceeds funeral expenses or preferred funeral expenses, legal advice is required.**

Contact Information

For further assistance, contact the Probate Department:

- (850)981-5584 or (850)981-5533
- Hours: Monday through Friday, 8:00 am to 4:30 pm Central Time.

Please provide stamped/addressed envelopes for everyone who will need to receive a certified copy of the Order, unless you provide an e-mail address for all parties. (Example: The Petitioner and the entity that has the funds)

Attorney Not Required

Florida Statue 735.30I No Administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only personal property exempt under the provisions of s. 732.402, 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 last illness.

IN THE CIRCUIT COURT FOR SANTA ROSA COUNTY, FLORIDA

IN REF: ESTATE OF

PROBATE DIVISION

File Number 57-_____-CP-_____

_____
Deceased

Division "A"

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
Verified Statement

Petitioner, _____, alleges:
1. Petitioner, whose address is _____ and is the _____, of _____ who died at _____ on the _____ day _____, _____, 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 _____, _____.

2. So far as is known, the names of the beneficiaries of decedent=s estate and of the decedents surviving spouse, if any, their addresses and relationships to decedent, and the ages of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP	BIRTH DATE (if Minor)

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:

EXEMPT:

Description	Value

NON-EXEMPT:

Description	Value

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:

Creditor	Goods or Services (How incurred)	Amount

Petitioner 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

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.

_____
Signature of Petitioner

_____
Printed Name of Petitioner

_____
Address

_____
City, State and Zip Code
Telephone Number: _____
E-mail address: _____

Sworn to and subscribed before me this ____ day of _____, 20_____.

CLERK OF CIRCUIT AND COUNTY COURTS

By: _____
Deputy Clerk

Use the additional signature page if there is more than one Petitioner

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.

_____
Affiant Signature

_____
Printed Name of Affiant

_____
Address

_____
City, State and Zip Code
Telephone Number: _____

Email address: _____

Sworn to and subscribed before me this ____ day of _____, 20_____.

CLERK OF CIRCUIT AND COUNTY COURTS

By: _____
Deputy Clerk

or signed in front of a Notary;

State of _____
City of _____
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____ 20_____, who is personally known to me or who has produced _____ as identification.

_____
Notary Public, State of Florida at Large
My Commission Expires:

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR SANTA ROSA COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NUMBER:
DIVISION:

Deceased.
_____/

AFFIDAVIT OF HEIRS

This document is required in all intestate estates, Summary Administration, and requests for Disposition of Personal Property without Administration. For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and provide the date of death. Answering with "N/A," "not applicable," or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. **Spouse of Decedent.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____

2. **Children of the Decedent, or descendants of deceased children.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child's biological parent.
_____
_____
_____
_____
_____

3. **Parents of the Decedent.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____
_____

4. **Siblings, and descendants of the deceased siblings.** You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____
_____
_____
_____
_____

5. **Grandparents.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____
_____

6. **Aunts and Uncles of the Decedent.** (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____
_____
_____

7. **Kindred of last deceased spouse.** (Only IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).
_____
_____
_____
_____
_____

8. I, the affiant, am _____ am not _____ related to the decedent as follows _____. I have known the decedent for _____ years. Decedent _____ died on _____.

Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.

_____ _____
Affiant Signature Date

_____
Print Name of Affiant

Affiant's Address & Telephone Number:
_____
_____
_____
_____
E-mail address: _____

_____ _____
Name of Attorney Bar Number

FURTHER AFFIANT SAYETH NOT.

State of _____
City of _____
County of _____

The foregoing instrument was acknowledged by me this _____ day of _____ 20_____ , who is personally known to me or who has produced _____ as identification.

_____
Notary Public, State of Florida at Large
My Commission Expires:

*The attorney e-filing this affidavit is required to retain a copy of the original.