

IN THE CIRCUIT COURT FOR SANTA ROSA COUNTY, FLORIDA

IN REF: ESTATE OF

**PROBATE DIVISION**

File Number:

\_\_\_\_\_  
Deceased

Division: PROBATE

**CAVEAT BY CREDITOR**

1. The interest of the caveator in the estate of \_\_\_\_\_,  
whose social security number, if known is \_\_\_\_\_, or  
whose date of birth, if known is \_\_\_\_\_, \_\_\_\_\_ and who died on or about  
\_\_\_\_\_, \_\_\_\_\_.
2. Caveator's name, specific mailing address and specific residence address are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Caveator hereby designates \_\_\_\_\_ who (is) (is not)  
a member of The Florida Bar, a resident of \_\_\_\_\_  
County, Florida, whose specific residence address is \_\_\_\_\_  
\_\_\_\_\_ as caveator's agent for the \_\_\_\_\_ service of notice  
and consents that service of notice on the agent shall bind the caveator.
4. Caveator requests that the clerk notify the caveator in writing of the date of issuance of letters of  
administration and of the names and addresses of the personal representative and his or her designated  
agent, and that the caveator be given such additional notice as the Florida Probate Rules require.

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: \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Caveator

E-Mail Address: \_\_\_\_\_

**ACCEPTANCE**

I CERTIFY that I am a resident of \_\_\_\_\_ County, Florida, residing at \_\_\_\_\_ the place  
indicated above. I hereby accept the foregoing designation as Resident Agent.

Signed on: \_\_\_\_\_, \_\_\_\_\_.  
(Print or Type Names Under ALL Signature Lines)

\_\_\_\_\_  
Resident Agent