

ATTACHMENT 2 TO SRCAD 2018-02

IN THE CIRCUIT COURT IN AND FOR SANTA ROSA COUNTY, FLORIDA

**CHECKLIST FOR SUMMARY ADMINISTRATION**

Estate of: \_\_\_\_\_ Case No: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Attorney of Record: \_\_\_\_\_

Age at Death: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Decedent's Residence as Listed on Death Certificate: \_\_\_\_\_

Type of Estate:      Testate ☐                      Intestate ☐                      Ancillary ☐

	Attorney Certification			Review of Attorney Certification
	YES	NO	N/A	CONFIRMED
<b>1. Certified Death Certificate Filed?</b>				
<b>2. Last Will and Testament</b>				
Original will filed? (or authenticated copy for ancillary) 5.200(j)				
Date of Will: _____ Date of Codicil: _____	Fill in information to left			
If applicable, Notice of Trust # _____ Deposited Will # _____ 732.901 Guardianship # _____ Caveat # _____ 731.110 <small>[If caveat has been filed, notify attorney, must serve formal notice on the Caveator before further action can be taken on Petition for Summary 5.260(f); If a creditor-send Notice to Caveator when Letters are issued 5.260(e)]</small>	Fill in information to the left, if applicable			
If a copy is filed, a petition to establish lost will complying with 5.510 & 5.025 and 733.207 has been filed?				
Will is self-proved? 732.503, 733.201 If applicable, <input type="checkbox"/> self-proved under law where executed; <input type="checkbox"/> authority provided from other state where executed	If yes, mark boxes on left			
If not self-proved, an oath of witness is filed? 733.201(2)				
Properly executed? 732.502				
If not, proper oath? 733.201(2) / (3)				

		Attorney Certification			Review of Attorney Certification
		YES	NO	N/A	CONFIRMED
3. Does the Petition for Summary Administration Contain the Following Information?					
A statement showing interest of petitioner(s)	5.530(a)(1)				
Petitioner's name and address	5.530(a)(1)				
Petitioner's attorney's name and office address	5.530(a)(1)				
Name of decedent	5.530(a)(2)				
Last known address of decedent	5.530(a)(2)				
Decedent's last four social security numbers	5.530(a)(2)				
Date and place of death of the decedent	5.530(a)(2)				
State and county of decedent's domicile	5.530(a)(2)				
Names and addresses of surviving spouse/beneficiaries/heirs	5.530(a)(3)				
Relationship to the decedent	5.530(a)(3)				
Year of birth of any minor beneficiaries	5.530(a)(3)				
Trust beneficiaries included pursuant to 731.201(2)?					
If Trust/Trustee (of living trust) is a beneficiary, has Notice of Trust been filed?	736.05055(1)				
Statement of venue	5.530(a)(4)				
A statement whether domiciliary or principal proceedings are pending in another state or country	5.530(a)(5)				
Name and address of foreign personal representative and Court issuing letters, if any	5.530(a)(5)				
4. Has the Court Been Provided Information Relative to Existence of a Will?					
A statement in an <b>intestate estate</b> that:	5.530(a)(10)				
<input type="checkbox"/> Each Petitioner is unaware of any unrevoked wills or codicils, <b>or</b>		If yes, mark boxes on left			
<input type="checkbox"/> Why the wills or codicils are not being probated					
A statement in a <b>testate estate</b> that:	5.530(a)(11)				
<input type="checkbox"/> Identify all unrevoked wills and codicils being presented for probate; <b>and</b>		If yes, mark boxes on left			
<input type="checkbox"/> Petitioner is unaware of any other unrevoked wills or codicils, <b>or</b> :					
<input type="checkbox"/> A statement of why any other wills or codicils are not being probated					
<input type="checkbox"/> The original of decedent's will					
<input type="checkbox"/> ( ) is in possession of the Court <input type="checkbox"/> accompanies petition <input type="checkbox"/> an authenticated copy of a will deposited with or probated in another jurisdiction accompanies the petition	5.200(j)				
Establishment and probate of lost or destroyed will	5.510 / 733.207				
<input type="checkbox"/> Copy of will	5.510(b)	If yes, mark boxes on left			
<input type="checkbox"/> Testimony of witness	5.510(c) / 733.207				



		Attorney Certification			Review of Attorney Certification
		YES	NO	N/A	CONFIRMED
<input type="checkbox"/> Notice to those who, but for the will, would inherit 5.510(d) <input type="checkbox"/> Order states full terms & provisions 5.510(e)					
Ancillary Administration 5.470 / 734.102 <input type="checkbox"/> Authenticated copies: <input type="checkbox"/> Will <input type="checkbox"/> Petition <input type="checkbox"/> Order admitting will <input type="checkbox"/> Letters 5.470(a)(1) <input type="checkbox"/> Formal notice 5.470(b)(1)/(2)					If yes, mark boxes on left
<b>5. Does the Petition Contain Facts that Entitle Decedent's Estate to Summary Administration?</b>					
In a <u>testate estate</u> , that the decedent's will does not direct administration as required by 5.530(a)(6) / 733 and 735.201(1)					
That the value of the entire estate subject to administration in this state, less the value of property exempt from claims of creditors: <input type="checkbox"/> Does not exceed \$75,000 5.530(a)(7) / 735.201(2) <u>or</u> <input type="checkbox"/> Decedent has been dead for more than 2 years 735.201(2) [5.530(a)(7) (with respect to persons dying after 7/1/89) / 733.710(1)]					If yes, mark boxes on left
A schedule of all assets of the estate and their estimated value 5.530(a)(8) [separately designating homestead and exempt property]					
A statement in regard to the indebtedness of the estate 5.530(a)(9) <input type="checkbox"/> That all creditors claims are barred; 5.530(a)(9)(A) <u>or</u> <input type="checkbox"/> A statement that a diligent search and reasonable inquiry has been made for known or ascertainable creditors; 5.530(a)(9)(B) <u>and</u> <input type="checkbox"/> That the estate is not indebted 5.530(a)(9)(B)(i) <input type="checkbox"/> Name and address of each creditor, nature of debt, amount of debt, and when debt is due 5.530(a)(9)(B)(ii) If provision for <u>payment</u> of debt has been made other than for full payment in proposed order of distribution, the following shall be shown: The name of the person who will pay the debt. The creditor's written consent for substitution or assumption of the debt by another person. The amount to be paid if the debt has been compromised. The terms for payment by any limitations on the liability if the person paying the debt 5.530(a)(9)(B)(ii)					If yes, mark boxes on left
A proposed schedule of distribution of all assets and the person to whom each asset is to be distributed 5.530(a)(12) / 735.206					
<b>6. Is the Petition Filed By:</b>					
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Heir at law <input type="checkbox"/> Person nominated as personal representative 735.203(1)		Fill in applicable information to the left			

		Attorney Certification			Review of Attorney Certification
		YES	NO	N/A	CONFIRMED
<b>7. Is the Petition Properly Executed? 735.203</b>					
<input type="checkbox"/> Verified 5.530(a) / 735.203(1) <input type="checkbox"/> Signed by surviving spouse 735.203(1) <input type="checkbox"/> Signed by heirs at law or beneficiaries who are <i>sui juris</i> 735.203(1) <input type="checkbox"/> Signed by guardian of any heir/beneficiary who is not <i>sui juris</i> /incapacitated 735.203(2)(b) <input type="checkbox"/> Signed by person(s) described by 735.203(2)(a) or (c) <input type="checkbox"/> Signed by attorney 5.020(a)		Fill in applicable information to the left			
<b>6. Miscellaneous</b>					
Has formal notice been served on any heir, beneficiary, or creditor not joining or consenting to the Petition? 5.530(b) / 735.203(1)					
Proposed Order Admitting Will/Codicil 5.530(c)					
Proposed Order of Summary Administration 5.530(a)(12)(d)					
<input type="checkbox"/> Specific as to assets and to whom distributed					

**I certify that I have personally reviewed the foregoing checklist and it is accurate. In making the certification, I have relied upon the information set forth in the pleadings and court filings.**

Attorney for Estate: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_