

Kevin C. Karnes Clerk & Comptroller



Disposition of Personal Property Without Administration Packet

(Includes Forms and Instructions)

[Florida Statute 735.301 - Disposition without Administration](#)

No Administration shall be required or formal proceedings instituted upon the estate of the decedent leaving only the personal property exempted under the provisions of § 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.

Rev: 9 / 10 / 20 22

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

COURT REQUIREMENTS:

FILING FEE: Submit a **\$231.00 filing fee** payable by credit card, money order, cashier's check or business check (payable to: Lee County Clerk of the Circuit Court) or cash

SUBMISSION: File all documents listed below along with the filing fee

- ✓ Online through the ePortal: www.myflcourtagency.com (preferred method)
- ✓ In Person: Lee County Clerk of Court, 2075 Martin Luther King Jr Blvd, Fort Myers
- ✓ By Mail: Lee County Clerk of Court, PO Box 9346, Fort Myers, FL 33902

REQUIRED DOCUMENTS:



The value of nonexempt personal property shall not exceed the amount of funeral expenses and necessary medical and hospital expenses of the last 60 days of the last illness. If the monetary amount exceeds the funeral expenses do not proceed with this packet and consult with legal counsel.

- ☐ The completed **Verified Statement of Disposition of Personal Property without Administration** (4 pages) that has been signed and notarized by a Notary Public *

FILL IN ALL BLANKS. If not applicable, write "N/A".

* The Clerk may witness your signature instead of a Notary Public. There is a **\$10.00** fee for this service.

- ☐ A certified copy of the **Death Certificate**.
- ☐ If a Will exists, the **original Will** must be delivered to the Clerk, unless previously filed.
- ☐ The decedent must have been a resident of **Lee County, Florida** at time of death. This would be noted on the Death Certificate under the "decedent's residence information."

* The decedent must **NOT** own any real estate, either in Florida or any other state or country. The Petitioner must swear to that fact.

- ☐ A copy of the **paid** funeral bill identifying who made the payment.
- ☐ A copy of medical expenses for the last 60 days along with paid receipts, if applicable.
- ☐ Copy of the paperwork showing assets to be distributed (i.e. bank statement, stocks, bonds, etc.).
- ☐ Confidential information – Pursuant to the Florida Rule of Judicial Administration 2.40(d)(2) filings containing confidential information the filer must file a Notice of Confidential Information within Court Filing. Filing the Notice will place the Clerk's office on notice to redact the specific items according to the rule.
- ☐ A copy of signed **Waiver and Consent** form from all heirs, separately, if applicable.



- ☐ Submit the completed **Order** (included in packet) for the Judge's signature
 - Through the ePortal **AFTER** the Case # has been assigned; send directly to Judge
 - Should be included with paperwork if paper copy is delivered to the Clerk's office in person or by mail

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4. The estate of the decedent consists only of personal property exempt under the provision of Section 732.402 of Florida Probate Code, 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 as hereinafter described:

- A. **EXEMPT PROPERTY:** List – Two automobiles used by the decedent or members of deceased's immediate family. Household furniture and furnishings not to exceed \$20,000. Florida prepaid college tuition.

DESCRIPTION OF EXEMPT PROPERTY	VALUE OF PROPERTY

TOTAL: \$ _____

- B. **NON-EXEMPT PROPERTY:** List – All other items of personal property owned by the deceased and their estimated value. Include the balance of items as stocks, bonds and bank accounts.

DESCRIPTION OF NON-EXEMPT PROPERTY	VALUE OF PROPERTY

TOTAL: \$ _____

- C. **PREFERRED FUNERAL EXPENSES:** List – Funeral, interment and grave marker expenses, including a marker of up to \$6,000, including the name of the services provider and whether the bill has or has not been paid. Petitioner must file receipt of all funeral expenses.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

TOTAL: \$ _____

CONTINUED ON NEXT PAGE

- D. MEDICAL AND HOSPITAL EXPENSES FOR LAST 60 DAYS:** List – The medical provider and amount of all medical and hospital expenses during the deceased's last 60 days of the last illness, and whether the bill has or has not been paid. Petitioner must file any statements or receipts.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

TOTAL: \$ _____

- 5. Debts of the decedent:** List – All other people, accounts or businesses which the decedent owed money to and the amount owed.

CREDITOR	GOODS OR SERVICES (how incurred)	AMOUNT DUE

TOTAL: \$ _____

- 6. Requested payment or distribution to:** (1) Exempt property should be listed and should be distributed as defined in the decedent's Last Will and Testament, if any, or to the decedent's spouse, children, if any, as agreed upon by all parties. (2) Payment, and reimbursement to the person who paid the Last Illness Expenses as listed in *p.4(C)* of this petition and the Last Illness Expenses as listed in *p.4(D)* of this petition. (3) Payment, and reimbursement of all creditors listed in *p.5* in this petition. (4) All remaining Non-Exempt property.

NAME	ADDRESS	PROPERTY	AMOUNT or DOLLAR VALUE

CONTINUED ON NEXT PAGE

7. Petitioner knows of no other assets in the decedent's name alone, 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

ZIP

Telephone Number

E-mail address

NOTARY

STATE OF _____

COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20 ,

by

, who is: ☐ Personally known to me OR ☐ Produced

Identification Type of Identification Produced: _____

**KEVIN C. KARNES
CLERK OF THE CIRCUIT COURT**

Notary Signature

Deputy Clerk

Print Name

commission expires: _____

**IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR
LEE COUNTY, FLORIDA**

PROBATE DIVISION

IN RE: ESTATE OF

Case No. _____

Deceased

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
WAIVER & CONSENT BY INTERESTED PARTY**

(relationship) of the

_____, (name of beneficiary), as

decedent, do agree to the disbursement of assets as listed in the petition of _____
(name of petitioner), and waive all claims, rights, title, and interest in said assets.

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 Interested Party

Signature of Witness

Printed Name of Interested Party

Printed Name of Witness

Address of Interested Party

Date

Telephone Number of Interested Party

Date

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT AND FOR
LEE COUNTY, FLORIDA PROBATE ACTION

IN RE: ESTATE OF

CASE NO: _____

Deceased

**ORDER DIRECTING DISPOSITION OF PERSONAL PROPERTY
WITHOUT ADMINISTRATION PURSUANT TO F.S. 735.301**

On the verified statement for Disposition of Personal Property without Administration of _____(petitioner), in the Estate of _____, deceased; the Court finds that the decedent was a resident of Lee County, Florida, who died on _____, and that the material allegations of the petition are true; and decedent's estate qualifies for disposition of personal property without administration in accordance with Florida Statute 735.301.

ORDERED that there be immediate distribution of the estate assets as follows:

Exempt and Non-Exempt Property:

ASSET / LOCATION	BENEFICIARY OR HEIR	APPROXIMATE VALUE OF ASSET

ADJUDGED FURTHER that the debtors of the decedent, those holding property of the decedent, and those with whom securities or other property of the decedent are registered, are authorized to comply with this Order, and any person, firm or corporation pay, delivering or transferring property under this Order shall be forever discharged from any liability thereon.

Ordered at Fort Myers, Florida this _____ day of _____, 20____.

CIRCUIT COURT JUDGE

The Clerk may provide the Petitioner with an unredacted certified copy of this order.

IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT AND FOR
LEE COUNTY, FLORIDA PROBATE ACTION

IN RE: ESTATE OF _____

CASE NO: _____

Deceased

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), I hereby certify:

_____ 1. I am filing herewith a document containing confidential information as described in Rule 2.420(d)(1)(B) and:

a. The title/type of the document is _____;

AND:

b. _____ the entire document is confidential, **OR** _____ the confidential information within the document is precisely located at: _____

OR

_____ 2. A document was previously filed in this case that contains confidential information as described in Rule 2.420(d)(1)(B), but a Notice of Confidential Information within Court Filing was not filed with the document and the confidential information was not maintained as confidential by the Clerk. I hereby notify the Clerk that this confidential information is located as follows:

- | | | | |
|----|---|-------|--------------------|
| a. | Title/type | _____ | of document: |
| b. | Date of | _____ | filing (if known): |
| c. | Date of | _____ | document: |
| d. | Docket | _____ | entry number: |
| e. | _____ Entire document is confidential, OR | | |
| | _____ Precise location of confidential information in document: | | |

I HEREBY CERTIFY that a copy of the foregoing was furnished by _____ (e-mail) _____ (delivery) _____ (mail) _____ (fax) to: on _____ (date).

Signature

Name: _____

Address: _____

Phone: _____

Florida Bar #, if applicable: _____

Email address: _____

Note: The Clerk of Court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under subdivision (d)(1)(B). The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of Rule 2.420.

