

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

IN RE: ESTATE OF:

_____ **Deceased**

CASE NO: _____

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
VERIFIED STATEMENT**

Petitioner, _____, alleges:

1. Petitioner resides at _____ and is the _____ (relationship to decedent) of the decedent who died at _____ on the _____ day of _____, 20____, a resident of Lee County, Florida, whose last known address was _____ and, if known, whose age was _____ and whose social security number is _____-_____-_____.

2.) The decedent left no Last Will and Testament.
) The decedent's Last Will and Testament was deposited with the Clerk on _____, 20____,

3. So far as is known, all the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	BIRTHDATE <i>(if minor)</i>

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: \$ _____

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 <i>(how incurred)</i>	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

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: _____

Notary Signature

Print Name

My commission expires: _____

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

Deputy Clerk

[SEAL]