

Information Sheet for Disposition of Personal Property without Administration

Florida Statutes 732.402, 735.301 and Florida Probate Rules 5.420 & 5.205(a)(4)

A Disposition of Personal Property without Administration is used to request the release of assets of the deceased to the person who paid the final expenses, such as funeral or medical bills. Under F.S. 735.301 and 732.402, the estate must only consist of personal property exempt from claims of creditors and non-exempt personal property that does not exceed the amount of the funeral expenses. There cannot be any real estate involved.

Qualifications:

- Decedent must have been a resident of Lee County at the time of death.
- Any expenses paid must be out-of-pocket funds. This means that **pre-paid funeral plans and medical bills paid by insurance do not qualify**.
- Expenses must have been paid by the person seeking to acquire the assets unless the person who paid the expenses completes a **notarized Consent** for petitioner to gain assets.
- Cars and household furnishing can only be claimed as exempt property by a surviving spouse or children of the decedent.

Documents needed:

1. A completed **Petition for Disposition of Personal Property**. Do not leave any section blank, if a section does not apply, indicate N/A or none in that section. The verified Statement must be **notarized** prior to filing or bring to the Clerk's Office to administer the oath for a minimal fee. Must provide a valid ID.
2. Notarized consent from spouse, children, or other persons who may have paid expenses and are consenting to the petitioner receiving assets.
3. Certified copy of the death certificate showing decedent's residence in Lee County.
4. Original Will, unless already filed with Lee County Clerk of Court.
5. Copy of the paid or unpaid funeral bill along with proof of payment illustrating who paid the funeral expenses.
6. Copy of paid or unpaid medical and hospital bills for the last 60 days
7. Most recent documentation showing ownership of the asset(s) to be distributed or transferred. i.e. bank statement, insurance policy, retirement accounts. Documents must show the correct name and account numbers.
8. **Please refer to www.LeeClerk.org for associated filing fees.**

Note: The financial institution may require a certified copy of the signed order directing Disposition of Personal Property without Administration. Once you have verified that the order has been signed, it may be obtained at the Lee County Clerk's Office. A certification and copy-work fee will apply. If you would like the order mailed to you, please include a self-addressed stamped envelope with the fee when submitting your request.

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

PETITION FOR DISPOSITION OF PERSONAL PROPERTY
WITHOUT ADMINISTRATION

Date: _____

In RE: _____, a resident of Lee County at the time of death,
Petitioner _____
alleges _____ died on _____, 20____
at _____, whose address was _____

- The decedent left no will
 The decedent's will was deposited with the Clerk

Names, addresses and ages of heirs-at-law and relationship to decedent:

Personal Property of decedent:

The following debts of decedent have been paid:

Funeral Expenses: _____

Medical and Hospital expenses of last 60 days of last illness: _____

Others: _____

Statement or receipt must be presented with the statement.

Petitioner requests payment to be made to:

- I know of no other assets or debts of the decedent.

*Under penalties of perjury, I declare that the foregoing and the facts alleged
are true to the best of my knowledge and belief.*

LINDA DOGGETT
Clerk of the Circuit Court

By: _____
Deputy Clerk / Notary

My Commission Expires: _____
SWORN TO AND SUBSCRIBED before me this ____ day
of _____, 20 ____ by: _____
who is [] personally known to me or [] presented
_____ as identification.

Signature of Claimant

Address

Telephone

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

IN RE: _____
Deceased

Case No. _____

**CONSENT TO PROPOSED DISPOSITION OF PERSONAL PROPERTY
WITHOUT ADMINISTRATION**

The undersigned consents to _____, the petitioner,
receiving the following property:

Description of Asset	Account Number	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

and waives all claims, rights, title, and interest in said property.

Signature

Print Name

Relationship to decedent

Sworn to and subscribed before me this _____ day of _____ 20____, by
_____, who is personally known to me _____ (yes or no) or who produced
_____ as identification.

(Type of identification)

Notary Public **or** Deputy Clerk
My Commission Expires:
My Commission Number is:
(Affix Notarial Seal)

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

PETITION FOR DISPOSITION OF PERSONAL PROPERTY
WITHOUT ADMINISTRATION

Date: [Today's Date]

In RE: [Name of Decedent], a resident of Lee County at the time of death,
Petitioner [Name of the Person Entitled to Out of Pocket Reimbursement]
alleges [Name of Decedent] died on [Date of Death], 20 [Year]
at [Place of Decedent's Death], whose address was [Last Known Address
of Decedent]

- [] The decedent left no will [Check Box for "Yes" Leave Blank for "No"]
- [] The decedent's will was deposited with the Clerk [Check Box for "Yes" Leave Blank for "No"]

Names, addresses and ages of heirs-at-law and relationship to decedent:
[Full Name, Address, Age Relationship to the Decedent. Anyone listed must sign consent form]
Example: Jane Smith, 122-6th St., Fort Myers, FL 33967- 22 yrs. old

Personal Property of decedent:
[List Personal Property Being Claimed – Current Value – Account Number]
[If Police or Sheriff are Holding Property, a Copy of the Evidence Report]

The following debts of decedent have been paid:
Funeral Expenses: [Amount Paid] Provide a Copy of the Bill and Canceled Check or Credit Card Receipt ***
Medical and Hospital expenses of last 60 days of last illness: [Same As Above]
Others:
Statement or receipt must be presented with the statement.

Petitioner requests payment to be made to:
[Full Name, Street Address, City, State, Zip of the Person to Receive the Assets of the Deceased that is
Entitled to Reimbursement] * [Even If Information is Duplicated] ***

- [] I know of no other assets or debts of the decedent. [Check Box for "Yes"]
- Under penalties of perjury, I declare that the foregoing and the facts alleged are true to the best of my knowledge and belief.

LINDA DOGGETT
Clerk of the Circuit Court

By: Deputy Clerk / Notary
My Commission Expires:
SWORN TO AND SUBSCRIBED before me this ___ day
of ___, 20 ___ by:
who is [] personally known to me or [] presented
as identification.

[Original Signature of the Petitioner]
Signature of Claimant
[Full Street Address]
[City, Zip, State]
Address
[A/C Phone Number]
Telephone