



KAREN E. RUSHING
Clerk of the Circuit Court and County Comptroller

**Please read and follow the instructions for
DISPOSITION OF PERSONAL PROPERTY**

A disposition without administration is an informal administrative proceeding that is limited to situations where the decedent dies leaving only personal property of limited value, all of which is exempt from, or preferred over, creditor claims. The probate estate must not include any real property.

**TO OBTAIN A DISPOSITION OF PERSONAL PROPERTY WITHOUT
ADMINISTRATION, YOU MUST FILE THE COMPLETED FORMS AS FOLLOWS:**

- Disposition without Administration Petition – 4 pages, notarized (required)
- Certified Death Certificate (required)
- Original Will – If the decedent had a will, the original must be filed with the verified statement, unless previously filed.
- Copy of paid funeral bill
- Copy of paperwork showing the asset – copy of stock, bank statement, etc. (required)
- Copy of the last 60 days of medical expenses with receipts
- Consents of any additional heirs with address and notarized signature, or death certificate, if applicable
- Statement Regarding Creditors – *Our judges have consistently required petitioners to file for a Summary Administration when there are known creditors* (required)
- For current filing fee, please see Fee Schedule at www.SarasotaClerk.com
- An Affidavit stating that the deceased person was never married and did not have children may be required, if applicable
- Designate a Current Mailing and E-Mail Address to inform the Court, Clerk and any other party of your correct contact information

Disposition of Personal Property Without Administration does not apply when the asset consists of the decedent's Income Tax return. Refer the petitioner to Florida Statute 735.302

When filling out the petition:

- Print the decedent's name after the words "In Re:"
- Print your name and address, as well as all other required information
- Check correct box indicating that either there is no will, or that you are filing it at this time

- List beneficiaries (heirs) in descending order at item no. 3; you may use the back of the form, but indicate on the front of the form that you've done so
- When listing estate property at item no. 4a, you must provide the mailing address as part of the description. You may consult s. 732.402, Florida Statutes for definitions of "exempt property"
- Attach a copy of the paid funeral bill and the last 60 days medical expenses and receipts showing payment (If the asset is needed to pay the bill, the order can reflect that the proceeds go directly to the funeral home)

The forms may be sworn to before the deputy clerk or a notary public. After completing the forms, file all documents with the clerk along with the filing fee. All documents will be forwarded to the judge. A plain copy and a certified copy of the Order to Disburse or Transfer Assets will be provided to you. The certified copy is to be presented by you to the financial institution.

4. The estate of the decedent consists only of personal property exempt under the provision of section 732.402 of the 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 the deceased's immediate family. Household furniture and furnishings not to exceed \$20,000. Florida prepaid college tuition and other items of personal property not to exceed \$1,000.*

DESCRIPTION OF EXEMPT PROPERTY	VALUE OF PROPERTY

TOTAL: \$ _____

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

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 service 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: \$ _____

E. 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: \$ _____

5. 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 Preferred Funeral Expenses and Medical and Hospital Expenses for Last 60 Days. (3) Payment, and reimbursement of all creditors listed as a Debt of the Decedent. (4) All remaining Non-Exempt Property.

NAME	ADDRESS	PROPERTY	AMOUNT or DOLLAR VALUE

6. 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

Email Address

Sworn to and subscribed before me by the Petitioner on this ___ day of _____, 20___;
 personally known; provided identification; type of identification produced: _____

Statement obtained by:

NOTARY INFORMATION

Notary Signature

Print Name

My commission expires:

KAREN E. RUSHING
Sarasota Clerk of the Circuit Court

By: _____
Deputy Clerk

IN THE CIRCUIT COURT IN AND FOR SARASOTA COUNTY, FLORIDA

IN RE: _____,
Deceased

File No. _____
Division: Probate

CONSENT TO DISPOSITION OF PERSONAL PROPERTY

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.

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

Printed Name

Address

City, State, Zip

Telephone Number

Sworn to and subscribed before me on this ___ day of _____, 20___; personally known; provided identification; _____ type of identification produced: _____

Statement obtained by:
NOTARY INFORMATION

KAREN E. RUSHING
Sarasota Clerk of the Circuit Court

By: _____
Deputy Clerk

Notary Signature

Print Name
My commission expires:

IN THE CIRCUIT COURT IN AND FOR SARASOTA COUNTY, FLORIDA

IN RE: _____,
Deceased

File No. _____
Division: Probate

AFFIDAVIT

COMES NOW the Petitioner, _____, of the above entitled estate, and shows the Court as follows:

1. That the Petitioner is qualified and entitled to receive the asset requested in the petition, and that
2. At the time of death, the deceased was unmarried, and deceased has no living children, adopted or natural.

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

Email Address

Sworn to and subscribed before me by the Petitioner on this ___ day of _____, 20____; personally known; provided identification; type of identification produced: _____

Statement obtained by:

NOTARY INFORMATION

KAREN E. RUSHING
Sarasota Clerk of the Circuit Court

Notary Signature

By: _____
Deputy Clerk

Print Name

My commission expires:

IN THE CIRCUIT COURT IN AND FOR SARASOTA COUNTY, FLORIDA

IN RE: _____,
Deceased

File No. _____
Division: Probate

STATEMENT REGARDING CREDITORS

The undersigned, _____, as Petitioner for the disposition of personal property without administration for the decedent, _____, alleges:

Diligent search was made to ascertain the names and location or mailing addresses of any creditors of the decedent and of all other persons having claims or demands against the deceased.

The names and, if known, the addresses of any creditors or other persons ascertained to have claims or demands against the deceased are as set forth below: *List creditors below or insert "NONE" as appropriate.*

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

Printed Name

Address

City, State, Zip

Telephone Number

Sworn to and subscribed before me by the Petitioner on this ___ day of _____, 20___; personally known; provided identification; type of identification produced: _____

Statement obtained by:
NOTARY INFORMATION

KAREN E. RUSHING
Sarasota Clerk of the Circuit Court

By: _____
Deputy Clerk

Notary Signature

Print Name

My commission expires:

IT IS A CRIMINAL OFFENSE TO GIVE FALSE INFORMATION IN THIS STATEMENT

IN THE CIRCUIT COURT IN AND FOR SARASOTA COUNTY, FLORIDA

IN RE: _____,
Deceased

File No. _____
Division: Probate

DESIGNATION OF CURRENT MAILING AND E-MAIL ADDRESS

I, *{full legal name}*, _____, certify that:

MAILING ADDRESS:

My current mailing address is:

{Street or Post Office Box} _____

{Apartment, lot, etc.} _____

{City}, _____, *{State}*, _____, *{Zip}* _____.

{Telephone No.} _____ *{Fax No.}* _____.

E-MAIL ADDRESS:

The following is/are my e-mail address(es) for purposes of serving and receiving documents:

Primary e-mail address:

Secondary e-mail address No.1:

Secondary e-mail address No. 2:

I understand that I must keep the clerk's office and the opposing party or parties notified of my current mailing and e-mail address(es) and that all future papers in this lawsuit will be served at the address(es) on record at the clerk's office.

I certify that a copy of this document was [check all used] () e-mailed () mailed () faxed

() hand-delivered to the person(s) listed below on *{date}* _____.

Other party or his/her attorney:

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

E-mail Address(es): _____

I HAVE READ EVERY STATEMENT MADE IN THIS DOCUMENT AND EACH STATEMENT IS TRUE AND CORRECT. I UNDERSTAND THAT THE STATEMENTS MADE IN THIS DOCUMENT ARE BEING MADE UNDER PENALTY OF PERJURY, PUNISHABLE AS PROVIDED IN SECTION 837.02, FLORIDA STATUTES.

Signature

Printed Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Designated E-Mail Address(es):

IF A NONLAWYER HELPED YOU FILL OUT THIS FORM, HE/SHE MUST FILL IN THE BLANKS BELOW:

[fill in **all** blanks] This form was prepared for the: *{choose only one}* _____ Petitioner _____ Respondent

This form was completed with the assistance of:

{name of individual} _____,

{name of business} _____,

{street} _____,

{city} _____, *{state}* ____, *{zip code}* _____, *{telephone number}* _____