

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

**THERE MUST BE NO REAL PROPERTY INVOLVED
CANNOT EXCEED \$10,000.00 TOTAL**

TO FILE A DISPOSITION OF PERSONAL PROPERTY WE WILL NEED THE FOLLOWING:

- \$231.00 **NON-REFUNDABLE** FILING FEE
- A CERTIFIED COPY OF THE DEATH CERTIFICATE
(IF DECEDENT DIED IN THE STATE OF FLORIDA THE DEATH CERTIFICATE **MUST** BE WITHOUT THE CAUSE OF DEATH).
- THE PAID OR UNPAID FUNERAL BILL.
- A COPY OF THE ASSETS STATEMENT OF WHAT IS BEING FILED
(EXAMPLE BANK STATEMENT, INSURANCE POLICY, BONDS, STOCKS, VEHICLE TRANSFER, ETC.)
- WAIVERS FROM ALL INTERESTED PARTIES MUST BE NOTARIZED
- SIGNATURE OF APPLICANT MUST BE NOTARIZED IF DOCUMENT IS NOT SIGNED IN THE PRESENCE OF A DEPUTY CLERK AT THE HIGHLANDS COUNTY CLERK OF COURTS

IF THE DECEDENT LEFT A WILL, IT MUST BE FILED FOR SAFEKEEPING IN THE PROBATE DIVISION OF THE CIRCUIT COURT ROOM 102.

ORIGINAL WILL ONLY MUST BE FILE FOR SAFE KEEPING.

THE DEPUTY CLERK WILL THEN, PREPARE AN ORDER DIRECTING DISBURSEMENT.

IF THERE ARE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT THIS OFFICE AT **(863)402-6976**.

**IN THE CIRCUIT COURT FOR _____ COUNTY, FLORIDA
PROBATE DIVISION**

IN RE: ESTATE OF

File No. _____

Deceased

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
(Verified Statement)**

Petitioner, _____, whose address is _____
_____, is _____, of the estate of
_____, who died on _____, at _____
_____, and was a resident of _____.

and whose last known address was _____, and, if known, whose age
was _____ and whose social security number is _____.

- The decedent left no will.
- The decedent's will was deposited with the clerk on _____, _____.

So far as is known, the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, are:

NAME	ADDRESS	RELATIONSHIP	BIRTH DATE (if Minor)
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The estate of decedent consists only of 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 decedents last illness, all being described as follows:

EXEMPT-

Description	Value
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NON-EXEMPT:

Description	Value
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Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
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Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):

Services by	Type of Service	Amount	Paid or Due
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Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount
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Requested payment or distribution to:

Name	Property	Amount or Value
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I know of no other assets or debts of the decedent except: _____

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

SIGNED ON _____, _____.

Petitioner

(printed name)

address _____

Telephone _____

Statement made before:

Deputy Clerk

(printed name)

DISPOSITION OF PERSONAL PROPERTY WAIVER & CONSENT

ESTATE OF _____

I, _____, RESIDING AT _____, AM THE
(APPLICANT) (ADDRESS)
_____ OF THE DECEDENT _____
(RELATIONSHIP)

I HEREBY WAIVE MY RIGHT, TITLE AND INTEREST TO THE ASSETS OF THE ESTATE IN FAVOR OF
_____ TO ENABLE HIM/HER TO PAY THE EXPENSES OR RECEIVE THE PROCEEDS OF
(APPLICANT)

THE ABOVE NAME DECEDENT TO BE DISPOSED OF AS INDICATED ON THE ORIGINAL DISPOSITION OF
PERSONAL PROPERTY WITHOUT ADMINISTRATION FORM.

SIGNATURE OF NOTARY

SIGNATURE OF INTERESTED PARTY

PRINT, TYPE OR STAMP NAME OF NOTARY

ADDRESS

CITY STATE ZIP

(AREA CODE) TELEPHONE NUMBER

DATE _____