

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA**  
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION  
*Judge Elijah Smiley, Administrative Probate Judge*

**IN RE:**

**CASE NO.:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\_\_\_\_\_  
*Deceased*

*Reference: Florida Statute 735.301*

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
**(Verified Statement) rvd 9/11**

---

**Petitioner,** \_\_\_\_\_, alleges:

**1.** Petitioner, whose address is \_\_\_\_\_

\_\_\_\_\_ and who is the \_\_\_\_\_ of the decedent, \_\_\_\_\_

who died at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

a resident of \_\_\_\_\_, whose last known address was

\_\_\_\_\_, and, if known, whose age was \_\_\_\_\_.

[  ] The decedent left no will.

[  ] The decedent's will was deposited with the clerk on \_\_\_\_\_, 20\_\_\_\_.

**2.** So far as is known, the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the ages of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	AGE (birth date if minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3.** The estate of decedent consist only of personal property exempt under the provisions of Section

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA**  
 GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION  
*Judge Elijah Smiley, Administrative Probate Judge*

732.402 of the Florida Probate Code, 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 expenses of the last 60 days of the decedent's last illness, all being described as follows:

Description	Value
-------------	-------

EXEMPT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

NON-EXEMPT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preferred funeral expenses (statement or receipt attached):**

Services by	Amount	Paid or Due
-------------	--------	-------------

\_\_\_\_\_

**Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):**

Services by	Type of Service	Amount	Paid or Due
-------------	-----------------	--------	-------------

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Other debts of decedent:**

Creditor	Goods or Services (How incurred)	Amount
----------	----------------------------------	--------

\_\_\_\_\_  
 \_\_\_\_\_

**IN THE CIRCUIT COURT FOR THE 14<sup>TH</sup> JUDICIAL CIRCUIT, STATE OF FLORIDA**  
GUARDIANSHIP, PROBATE AND MENTAL HEALTH DIVISION  
*Judge Elijah Smiley, Administrative Probate Judge*

**Petitioner requests that the Court issue a letter under the seal of the Court authorizing payment, transfer, or disposition of the property to:**

Name	Property	Amount or Value

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 alleged are true, to the best of my knowledge and belief.**

\_\_\_\_\_  
Signature of Petitioner

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_**

**CLERK OF CIRCUIT AND COUNTY COURTS**

By: \_\_\_\_\_  
Deputy Clerk