

IN THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT
IN AND FOR VOLUSIA COUNTY, FLORIDA, PROBATE DIVISION

IN RE: Estate of

File Number:
Division

PRDL

, Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
Verified Statement

Petitioner, _____, alleges:

1. Petitioner, whose address is _____
_____, is the _____ of _____
_____ (Relationship to decedent)
_____ who died at (location) _____, on _____, _____ (date)
a resident of Volusia County, Florida, whose last known address was _____
_____ and, if known, whose was
_____ Years of age at the time of death and whose social security number is _____.

(Disclosure for F.S. 119.071(5)(a)(2): Requested for identification and tracking purposes only.)

2. The decedent left no Will (died intestate)

The decedent's original Will was deposited with the Clerk on _____

3. So far as is known, the names of the beneficiaries of decedent's estate and of the decedent's heirs at law including the surviving spouse and all children of the decedent. List their addresses and relationships to the decedent, and the dates of birth of any who are minors are: *(list below)*

Name

Address

Relationship

**Birthday
(if Minor)**

4. The decedent was not married at the time of his or her death. The decedent has no children or all children have been disclosed and are listed in paragraph 3.

The estate of decedent consists of personal property exempt from the claims of creditors under the Constitution of Florida, *(The value of the exempt personal property does not calculate into the value of the estate)* Pursuant to Florida Statute 732.402 the spouse and or children of the decedent if there is no spouse qualify to have certain assets determined exempt from the claims of the decedents creditors.

If you are not the surviving spouse, child of the decedent if no spouse, or requesting distribution of assets to the spouse or children mark this section as (N/A) and proceed to Section B.

A. Exempt Property: *List no more than (2) automobiles as defined in s.316.003 (used by the deceased 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 in value.*

Description (including account or VIN number)	Value
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N/A

TOTAL \$

B. NON-EXEMPT: *List all other items of personal property owned by the deceased and their estimated value. Include the balance of items as stocks, bonds & accounts that exceed the \$1,000 value from above and other items of the deceased. [not to exceed value of funeral and/or medical expenses.]*

Description (including account or VIN number)	Value
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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 been paid or not.*

I have provided all statements of services and any receipts for payments made by myself or others.

Services by	Type of Service	Amount	Paid or Due
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Total: \$

D. MEDICAL AND HOSPITAL EXPENSES FOR LAST 60 DAYS OF LAST ILLNESS: *List the 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 been paid or not. Attach statements or receipts.*

Services by	Type of Service	Amount	Paid By
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N/A

Total: \$

OTHER DEBTS OF DECEDENT: *List all other people or businesses to which the deceased owed money and the amount owed.*

Creditor	Goods/Services (How incurred)	Amount
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I know of no other debts.

REQUESTED PAYMENT OR DISTRIBUTION TO: *(Please include all items you have listed under EXEMPT or NON-EXEMPT.*

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

I have attached consent from the spouse (if any) or children of the decedent to the requested distribution plan. N/A

I did not personally pay the final funeral and medical expenses. I have attached the consent of _____ to the distribution being requested.

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

Address

Telephone

Sworn and subscribed to before me this _____ day of _____, 20____, who ____ is personally known or _____ produced identification. Type of Identification produced _____.

Notary information
My commission expires:

Notary signature

Print name



Deputy Clerk

This page is for use as space to provide additional information. Please indicate the section number you are supplementing.

Number: 1, 2, 3, 4, A, B, C or D.