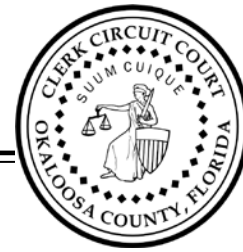


JD Peacock II

CLERK OF THE CIRCUIT COURT, OKALOOSA COUNTY, FLORIDA



DISPOSITION OF PERSONAL PROPERTY INSTRUCTIONS

A disposition of personal property is filed for very small estates where there is no real property and no creditors. The value of the asset should not exceed the amount of the funeral bill and the last 60 days of medical expenses. Additionally, the asset may not exceed \$6000

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

THE FOLLOWING COMPLETED FORMS MUST BE FILED

- Disposition of Personal Property without Administration
- Consents of any additional heirs with addresses and notarized signatures, or death certificate of heirs, if applicable
- Statement Regarding Creditors – *Our Judges have consistently required petitioners to file for a Summary Administration when there are known creditors.*
- Permission to Use E-mail
- Affidavit stating that the deceased person was never married and did not have children may be required
- Certified Death Certificate
- Original Will – If the decedent had a will, the original must be filed with the disposition of personal property, unless previously filed – provide date of deposit.
- Copy of Paid Funeral Bill or if unpaid a Statement of costs from the funeral home
- Copy of Paperwork showing the asset – copy of stock, bank statement, etc.
- For current filing fee, please see Fee Schedule at www.okaloosaclerk.com

TO COMPLETE THE PETITION:

- Print the decedent's name after the words "In Re:"
- Check box indicating there is no will or current date if filing with the disposition of personal property.
- List beneficiaries (heirs) in descending order at item no. 2; you may attach additional sheets if necessary.
- When listing estate property on item no. 3, You may consult Florida Statutes 732.402 for definitions of "exempt property." Non-Exempt – list the asset you are seeking access to, the value of the asset and the name and address of the financial institution.
- List the name of the funeral service provider, the amount of the funeral expense. Indicate Paid or Due
- List any medical service provider, type of service and the amount Paid or Due (last 60 days of illness)
- List any other creditors, indicate type of service and amount due
- Requested payment or distribution: List the name of the party/entity to receive access to the asset. Name the asset and the value. **(If the asset is needed to pay the funeral bill, the order will 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 all forms, file the documents with the clerk along with the filing fee. All documents will be forwarded to the Judge.
- A copy of the Order of Disposition of Personal property will be provided to you.

Okaloosa Co. Courthouse • 101 E. James Lee Blvd • Crestview, FL 32536 • (850) 689-5000

REPLY TO:

Okaloosa Co. Annex Ext • 1940 Lewis Turner Blvd • Ft. Walton Beach, FL 32547 • (850)651-7200

**IN THE CIRCUIT COURT, FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA, PROBATE DIVISION**

IN RE: Estate of:

CASE NO. _____ CP _____

Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Verified Statement

Petitioner, _____, alleges:

1. Petitioner, whose address is _____
_____, and whose social security number is _____,
is the _____ of _____, who
(relationship) (decedent)
died at _____, on _____, a resident of Okaloosa
County, Florida, 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 _____.

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 relationships to decedent, and the dates of birth of any who are minors are:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>AGE</u> (Birth date if minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The estate of the decedent consists only of personal property exempt under the provisions 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 being described as follows:

DESCRIPTION	VALUE
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EXEMPT: *List - Automobiles used by the deceased or members of the deceased's immediate family. Household furniture and furnishings. Florida prepaid college tuition and other items of personal property not to exceed \$1,000 in value.*

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, name of institution, account number and other items of the deceased. PLEASE LIST COMPLETE NAME AND ADDRESS OF BANKING INSTITUTION.*

Preferred funeral expenses (statement or receipt attached):

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

<u>Services by</u>	<u>Type of Service</u>	<u>Paid or Due</u>
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Other debts of decedent:

Creditor

Goods or Services
(How incurred)

Amount

Requested payment or distribution 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 of Petitioner)

(Street Address)

(City, State, Zip Code)

(Telephone)

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

Statement made before:

(Deputy Clerk or Notary)

My commission expires:

**IN THE CIRCUIT COURT, FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA, PROBATE DIVISION**

IN RE: Estate of:

CASE NO. _____ CP _____

Deceased

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.

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

Statement made before:

(Signature)

(Deputy Clerk of Notary)

(Print Name)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)

**IN THE CIRCUIT COURT, FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA, PROBATE DIVISION**

IN RE: Estate of:

CASE NO. _____ CP _____

Deceased

STATEMENT REGARDING CREDITORS

The undersigned, _____, as
PRINT NAME OF PETITIONER

petitioner for the disposition of personal property without administration for the

decedent _____, alleges:
PRINT NAME OF DECEDENT

Diligent search has been 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 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.

Signed on _____, 20____.

(Signature)

Statement made before:

(Print Name)

(Deputy Clerk of Notary)

(Street Address)

My commission expires:

(City, State, Zip Code)

(Telephone)

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

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA

Case No. _____

In re: THE ESTATE OF:

Deceased

PERMISSION TO USE E-MAIL

Provide your email address below to receive a copy of your Orders, Judgments, Notice of Hearings or any other written communications from the court or clerk of court via electronic mail.

By completing this form, I am authorizing the Court and the Clerk of Circuit Court to send copies of orders/judgments, notices or other written communications to me by e-mail.

I will ensure the software filters have been removed from my computer, so it does not interfere with my ability to receive any of the above documents.

I will file a written notice with the Clerk, if my current email address changes.

Plaintiff Name (print)

Plaintiff Name (signature)

* email address (print clearly)

Date

*You will not need to provide a self-addressed stamped envelope, if you provide your email address.

**IN THE CIRCUIT COURT, FIRST JUDICIAL CIRCUIT
IN AND FOR OKALOOSA COUNTY, FLORIDA, PROBATE DIVISION**

IN RE: Estate of:

CASE NO. _____ CP _____

Deceased

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 had 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.

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

Statement made before:

(Signature)

(Deputy Clerk of Notary)

(Print Name)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)