

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

The decedent must be a resident of Brevard County at the time of death. The value of the asset(s) cannot exceed the preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness, pursuant to section 735.301, Florida Statutes and section 732.402, Florida Statutes. The assets should be the only item remaining in the name of the decedent. If the decedent owns real property (real estate) in their name only, the petitioner will not qualify for the Disposition of Personal Property without Administration, and it may be necessary to file another type of probate.

THE FOLLOWING ITEMS ARE REQUIRED AT THE TIME OF FILING:

1. The filing fee of \$231.00. Payment may be made in the form of cash, check/cashier's check, money order made payable to the Brevard County Clerk of Court, and/or by American Express, Discover, Master Card or Visa.
2. Completed Petition for Disposition of Personal Property without Administration (law form 362). The petition must be notarized by either a Notary Public or a Deputy Clerk.
3. Completed Proposed Order (law form 268).
4. Completed Notice of Confidential Information within Court Filing (law form 1318).
5. Last Will and Testament, Codicil and/or Separate Writing (if any).
6. Death Certificate.
7. Proof of payment for the funeral and/or medical bills paid showing by whom the bill(s) were paid.
8. Supporting documentation of the asset(s) and value, such as a bank statement, letter from the stock holder and copy of stocks, etc. These documents must be dated as of the date of death or later.
9. A self-addressed stamped envelope for each asset holder and the petitioner.

If you require assistance or have any questions, please contact the Brevard County Clerk of Court's Office at 321-637-5413.

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
sections explained

CASE NUMBER:	The case number will be assigned by the Clerk's Office upon filing
IN RE: ESTATE OF:	Enter the decedents full name, including any AKA's (any variations of the decedents name)
PETITIONER'S NAME:	This is the name of the person petitioning the court (usually the person filling out the petition)
PETITIONER'S ADDRESS:	This is the petitioner's Street address, City, State and Zip Code
PETITIONER'S PHONE NUMBER	The petitioner's telephone number
PETITIONER'S RELATIONSHIP TO THE DECEDENT	Relationship of petitioner to decedent (spouse, mother, brother, sister, etc.)
DECEDENT DIED AT:	This is the location where the decedent died (home address, name of hospital, etc.)
DECEDENT'S DATE OF DEATH	The date the decedent died.
DECEDENT'S AGE	The age of the decedent at the time of death
Will Information	Check the appropriate box. Left no Will, Left a Will that has been previously deposited for safekeeping with the Clerk's Office, or Left a Will that has not been previously deposited with the Clerk's Office and it is being filed with this petition.
Beneficiaries Information	List the names and addresses of the decedent's surviving spouse (if any) and any other beneficiaries and dates of birth if they are minors.
Asset Information	Describe the asset and provide the name and address of the asset holder. (bank name, stock holder, etc.) Provide the value of the asset. List each asset holder and asset value separately.
Funeral Expenses	Provide the funeral home and amount paid or due

Medical/Hospital Expenses	Provide the name and address of the medical provider and amount paid or due. (NONE if medical expenses are not included)
Other Debts of the Decedent	Provide the creditors name and address. The services provided and the amount due. (NONE if there are no creditors)
Distribution	Provide the name and address of whom the distribution of asset(s) should be made
SIGANATURE OF PETITIONER	The petitioner must not sign unless in front of a Notary Public or Deputy Clerk of Court
DATE	This field gets filled in once the petition is signed in front of a Notary Public or Deputy Clerk of Court
PETITIONER'S PHONE NUMBER	Enter the petitioner's telephone number

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION: PROBATE CASE NUMBER: 05 - - CP - - -XXXX-XX

IN RE: ESTATE OF

DECEASED

**PETITION FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT
ADMINISTRATION (VERIFIED STATEMENT)**

PETITIONER'S NAME: _____

PETITIONER'S ADDRESS: _____

PETITIONER'S EMAIL ADDRESS: _____

PETITIONER'S TELEPHONE NUMBER: _____

PETITIONER'S RELATIONSHIP TO DECEDENT: _____

DECEDENT DIED AT: _____

DECEDENT'S DATE OF DEATH: _____

DECEDENT'S LAST KNOWN ADDRESS: _____

1. The above named decedent, a resident of Brevard County,
left no Will
left a Will which was deposited for safekeeping with the Clerk of Court on
_____, 20____, under case number _____
left a Will which was not previously deposited for safekeeping with the Clerk of
Court, but which is now being deposited together with the Petition for Disposition
of Personal Property Without Administration.

2. So far as it is known, the names of the beneficiaries of the 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:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

3. The estate of decedent consists only of personal property exempt under the provisions of Sec. 732.402 F.S., 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 and hospital expenses of the last 60 days of the decedent's last illness, all being described as follows:

EXEMPT:

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

NON EXEMPT:

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

CASE NUMBER: 05 - - CP - - XXXX-XX

Preferred funeral expenses (statement or receipt attached):

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

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

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

Other debts of decedent:

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CASE NUMBER: 05 - - CP - - XXXX-XX

Petitioner requests payment or distribution of the asset(s) listed in paragraph 3 to:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

I know of no other assets or debts of the decedent.

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

DATE

PETITIONER'S PHONE NUMBER

WITNESS my hand and Official Seal on the _____ day of _____, 20____, in
Brevard County, Florida.

BY _____ DC

BREVARD COUNTY CLERK OF COURT

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION: PROBATE CASE NUMBER: 05 - - CP - - XXXX-XX

IN RE: ESTATE OF

DECEASED

**ORDER FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT
ADMINISTRATION**

The above named decedent departed this life on _____, and at the time of his/her death, he/she was the owner of _____
_____.

A balance of \$_____ remains to be paid on the last rites conducted by _____
whose mailing address is _____
_____.

(OR)

All bills pertaining to the last rites have been paid by _____,
_____ of the decedent, whose mailing address is _____
_____.

(OR)

The estate of the decedent consists only of personal property exempt under the provisions of Sec. 732.402 F.S., or personal property exempt from the claims of creditors under the Constitution of Florida.

As this estate is so small, administration will not be required by this court. In view of the foregoing, this is your authority, issued pursuant to Sec. 735.301, F.S., to pay the proceeds of the above referenced asset to _____ in partial reimbursement or payment of their preferred claim against the decedent's estate.

CASE NUMBER: 05 - - CP - - XXXX-XX

ORDERED AND ADJUDGED this _____ day of _____, 20____, in Brevard County, Florida.

JUDGE

CASE NUMBER:
05 - - - - _XXX-XX

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Records, including test results, held by the Department of Health or its authorized representatives relating to sexually transmissible diseases. § 384.29, Fla. Stat.

Location:

Birth records and portions of death and fetal death records. §§ 382.008(6), 382.025(1), Fla. Stat.

Location:

Information that can be used to identify a minor petitioning for a waiver of parental notice when seeking to terminate pregnancy. § 390.01116, Fla. Stat. (If the document is filed within a Ch. 390 waiver of parental notice case, this form is not required.)

Location:

Clinical records under the Baker Act. § 394.4615(7), Fla. Stat.

Location:

Records of substance abuse service providers which pertain to the identity, diagnosis, and prognosis of and service provision to individuals. § 397.501(7), Fla. Stat.

Location:

Clinical records of criminal defendants found incompetent to proceed or acquitted by reason of insanity. § 916.107(8), Fla. Stat.

Location:

Estate inventories and accountings. § 733.604(1), Fla. Stat.

Location:

The victim's address in a domestic violence action on petitioner's request. §741.30(3)(b), Fla. Stat.

Location:

Protected information regarding victims of child abuse or sexual offenses. §§ 119.071(2)(h), 119.0714(1)(h), Fla. Stat.

Location:

Gestational surrogacy records. § 742.16(9), Fla. Stat.

Location:

CASE NUMBER:
05 - - - - _XXX-XX

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILING

Guardianship reports, orders appointing court monitors, and orders relating to findings of no probable cause in guardianship cases. §§ 744.1076, 744.3701, Fla. Stat.

Location: _____

Grand jury records. §§ 905.17, 905.28(1), Fla. Stat.

Location: _____

Records acquired by courts and law enforcement regarding family services for children. §984.06(3)–(4), Fla. Stat. (If the document is filed in a Ch. 905 grand jury proceeding, this form is not required.)

Location: _____

Juvenile delinquency records. §§ 985.04(1), 985.045(2), Fla. Stat. (If the document is filed in a Ch. 985 juvenile delinquency case, this form is not required.)

Location: _____

Records disclosing the identity of persons subject to tuberculosis proceedings and records held by the Department of Health or its authorized representatives relating to known or suspected cases of tuberculosis or exposure to tuberculosis. §§ 392.545, 392.65, Fla. Stat.

Location: _____

Complete presentence investigation reports. Fla. R. Crim. P. 3.712.

Location: _____

Forensic behavioral health evaluations under Chapter 916. § 916.1065, Fla. Stat.

Location: _____

Eligibility screening, substance abuse screening, behavioral health evaluations, and treatment status reports for defendants referred to or considered for referral to a drug court program. § 397.334(10)(a), Fla. Stat.

Location: _____

Other (Include applicable statute): _____

Location: _____

CASE NUMBER:
05 - - - - _XXX-XX

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing was furnished by U.S. mail / personal service
to: _____,
on _____, 20 _____.

Attorney Name

Address

City, State, Zip

Phone

Florida Bar No.

Note: The clerk of court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of the Rule. Fla. R. Jud. Admin. 2.2420(d)(2).