## IN THE CIRCUIT COURT OF THE TWENTIETH JUDICIAL CIRCUIT IN AND FOR LEE COUNTY, FLORIDA PROBATE DIVISION

## PETITION FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Date: [Today's Date]

In RI	E: [Name of Decedent], a res	ident of Lee County at the time of death,				
Petit						
alleg	es [Name of Decedent]	died on [Date of Death], 20 [Year]				
at	[Place of Decedent's Death]	, whose address was [Last Known Address				
		of Decedent]				
	The decedent left no will [Check Box for "Yes" L	eave Blank for "No"]				
_	The decedent's will was deposited with the Clerk [Check Box for "Yes" Leave Blank for "No"]					
Names, addresses and ages of heirs-at-law and relationship to decedent:						
	[Full Name, Address, Age Relationship to the Decedent. Anyone listed must sign consent form]					
Example: Jane Smith, 122-6 <sup>th</sup> St., Fort Myers, FL 33967-22 yrs. old						
Personal Property of decedent:						
[List Personal Property Being Claimed – Current Value – Account Number]		ue – Account Number]				
_	[If Police or Sheriff are Holding Property, a Copy of the	he Evidence Report]				
The following debts of decedent have been paid:						
	Funeral Expenses: [Amount Paid] The de a Copy of the Bill and Canceled Check or Credit Card Receipt ***					
	Medical and Hospital expenses of last 60 days of last illness: [Same As Above]					
Others:						
		e statement.				
	[Full Name, Street Address, City, State, Zip of the Person to Receive the Assets of the Deceased that is					
_	Entitled to Reimbursement] Feven If Information is	s Duplicated ***				
I know when a sets or debts of the decedent. [Check Box for "Yes"]						
	Under penalties of perjury, I declare tha	t the foregoing and the facts alleged				
	are true to the best of my knowledge and belief.					
LIN	DA DOGGETT	0				
Cler	k of the Circuit Court					
		[Original Signature of the Petitioner]				
By: _		Signature of Claimant				
M C	Deputy Clerk / Notary	[Full Street Address]				
-	ommission Expires:	[City, Zip, State]				
of	RN TO AND SUBSCRIBED before me this day, 20 by:	Address				
-	s [] personally known to me or [] presented	[A/C Phone Number]				
wii0 13	L ] personany known to me of [ ] presented	Telephone				

as identification.

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		Date	2:	
In F	RE:	a resident of Lee Cou	nty at the time of death	
	tioner		nty at the time of death,	
alle	ges	died on	, 20	
-				
	The decedent left no will			
	The decedent's will was deposited with the Clerk			
	Names, addresses and ages of heirs-at-law and relationship to decedent:			
Personal Property of decedent:				
	rensentar respectly of decedent.			
The following debts of decedent have been paid:				
	Funeral Expenses:			
	Medical and Hospital expenses of last 60 days Others:	of last illness:		
Petitioner requests payment to be made to:				
	I know of no other assets or debts of the deced	ent.		
	Under penalties of perjury, I declare tha are true to the best of my		acts alleged	
LIN	NDA DOGGETT	ine meage and ceney.		
	rk of the Circuit Court			
Dre				
By:	Deputy Clerk / Notary	Signature of Claima	int	
My (	Commission Expires:			
	ORN TO AND SUBSCRIBED before me this day			
	, 20 by:	Address		
	is [] personally known to me or [] presented as identification.	T-11-		
	as identification.	Telephone		