

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**

**(FLA. STAT. 735.301)**

This probate proceeding is used to request release of assets of a decedent leaving only personal property as described in Fla. Stat. 732.402, 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 last illness. Assets are things held in the decedent's name alone. The value must be for the entire estate; you cannot probate a portion of the estate. The decedent must have been a resident of Putnam County.

When filling out the attached Petition:

- Print the decedent's name after the words "IN RE: THE ESTATE OF:". The clerk will input the case number.
- Print your name and address, as well as all other required information
- Check correct box indicating that either there is no will, or that you are filing it at this time.
- List beneficiaries (heirs) at item no. 2; you may use the back of the form, but indicate on the front of the form that you've done so. (A SIGNED CONSENT MUST BE FILED FOR EACH HEIR; SEE NO. 3 ON CHECKLIST BELOW)
- When listing estate property at item no. 3, you must provide the mailing address as part of the description. You may consult Florida Statute No. 732.402 for definitions of "exempt property."
- Have your signature notarized OR wait to sign the Petition in front of a clerk and bring photo identification.

In addition to the Petition for Disposition of Personal Property, you must provide the items on the following checklist:

- 1. CERTIFIED copy of Death Certificate.
- 2. Original Will (IF APPLICABLE).
- 3. Consent signed by all heirs (IF APPLICABLE – FORM ATTACHED).
- 4. Description of assets (SUCH AS A BANK STATEMENT OR LETTER FROM NURSING HOME) that includes any account numbers, name and address of fiduciary or facility, and amount or value.
- 5. Copy of funeral bill or receipt.
- 6. Copy of any medical bills or receipts for the last 60 days if not covered by insurance.
- 7. List of any other creditors (bills owed by the decedent at the time of death).
- 8. Filing fee of \$231.00 (NON-REFUNDABLE) plus \$6.00 for certified copies of the Court's letter.

All documents should be submitted to the Probate Department at 410 St. Johns Avenue, Room 233, Palatka, FL, 32177. The Court will review all documents filed and if approved, a letter will be issued to the facility authorizing distribution of the assets. There is NO guarantee that the Court will approve the Petition and an attorney may be required to file additional probate proceedings. If you have any questions, you may contact the Probate Department at (386)326-7617.

Florida Statutes 735.301 and 732.402 follow:

735.301 Disposition without administration.—

(1) No administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only personal property exempt under the provisions of s. 732.402, 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 last illness.

(2) Upon informal application by affidavit, letter, or otherwise by any interested party, and if the court is satisfied that subsection (1) is applicable, the court, by letter or other writing under the seal of the court, may authorize the payment, transfer, or disposition of the personal property, tangible or intangible, belonging to the decedent to those persons entitled.

(3) Any person, firm, or corporation paying, delivering, or transferring property under the authorization shall be forever discharged from liability thereon.

732.402 Exempt property.—

(1) If a decedent was domiciled in this state at the time of death, the surviving spouse, or, if there is no surviving spouse, the children of the decedent shall have the right to a share of the estate of the decedent as provided in this section, to be designated “exempt property.”

(2) Exempt property shall consist of:

(a) Household furniture, furnishings, and appliances in the decedent’s usual place of abode up to a net value of \$20,000 as of the date of death.

(b) Two motor vehicles as defined in s. 316.003(21), which do not, individually as to either such motor vehicle, have a gross vehicle weight in excess of 15,000 pounds, held in the decedent’s name and regularly used by the decedent or members of the decedent’s immediate family as their personal motor vehicles.

(c) All qualified tuition programs authorized by s. 529 of the Internal Revenue Code of 1986, as amended, including, but not limited to, the Florida Prepaid College Trust Fund advance payment contracts under s. 1009.98 and the Florida Prepaid College Trust Fund participation agreements under s. 1009.981.

(d) All benefits paid pursuant to s. 112.1915.

- (3) Exempt property shall be exempt from all claims against the estate except perfected security interests thereon.
- (4) Exempt property shall be in addition to protected homestead, statutory entitlements, and property passing under the decedent's will or by intestate succession.
- (5) Property specifically or demonstratively devised by the decedent's will to any devisee shall not be included in exempt property. However, persons to whom property has been specifically or demonstratively devised and who would otherwise be entitled to it as exempt property under this section may have the court determine the property to be exempt from claims, except for perfected security interests thereon, after complying with the provisions of subsection (6).
- (6) Persons entitled to exempt property shall be deemed to have waived their rights under this section unless a petition for determination of exempt property is filed by or on behalf of the persons entitled to the exempt property on or before the later of the date that is 4 months after the date of service of the notice of administration or the date that is 40 days after the date of termination of any proceeding involving the construction, admission to probate, or validity of the will or involving any other matter affecting any part of the estate subject to this section.
- (7) Property determined as exempt under this section shall be excluded from the value of the estate before residuary, intestate, or pretermitted or elective shares are determined.

**IN THE CIRCUIT COURT SEVENTH JUDICIAL CIRCUIT, IN AND FOR  
PUTNAM COUNTY, FLORIDA.**

IN RE: THE ESTATE OF:

**PROBATE DIVISION**  
CASE NO. \_\_\_\_-\_\_\_\_-CP  
DIVISION \_\_\_\_

\_\_\_\_\_

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 died at \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_, a resident of \_\_\_\_\_, 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 \_\_\_\_\_, 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 relationships to decedent, and the dates of birth of an who are minors are:

NAME	ADDRESS	RELATIONSHIP	BIRTHDATE (IF MINOR)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The estate of 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:

EXEMPT:

Description	Value
_____	_____
_____	_____

NON-EXEMPT:

Description	Value
_____	_____
_____	_____

4. Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
_____	_____	_____

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

Services by	Type of Services	Amount	Paid or Due
_____	_____	_____	_____
_____	_____	_____	_____

6. Other debts of decedent:

Creditor	Goods or Services (how incurred)	Amount
_____	_____	_____
_____	_____	_____

7. Requested payment or distribution to:

Name	Property	Amount or Value
_____	_____	_____
_____	_____	_____

8. I know of no other assets or debts of the decedent except: \_\_\_\_\_  
\_\_\_\_\_.

Under penalties of perjury, I declare I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Name of Petitioner)

\_\_\_\_\_  
(Address) (City, State)

\_\_\_\_\_  
(Telephone)

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_  
\_\_\_\_\_ who produced \_\_\_\_\_ as  
identification.

Matt Reynolds  
Clerk of Circuit Court

By: \_\_\_\_\_  
Deputy Clerk  
\_\_\_\_\_, 20\_\_

State of Florida Notary Public

\_\_\_\_\_  
signature  
\_\_\_\_\_  
print name  
My commission expires:

**IN THE CIRCUIT COURT SEVENTH JUDICIAL CIRCUIT, IN AND FOR  
PUTNAM COUNTY, FLORIDA.**

IN RE: THE ESTATE OF:

**PROBATE DIVISION**

CASE NO. \_\_\_\_ - \_\_\_\_ -CP

DIVISION \_\_\_\_

\_\_\_\_\_  
Deceased.

**CONSENT TO DISTRIBUTION OF PERSONAL PROPERTY**

The undersigned consents to \_\_\_\_\_, the petitioner, receiving the following property:

**Description of Assets**

**Value**

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

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

and waives all claims, rights, title, and interest in said property.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Telephone)

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

\_\_\_\_\_ who produced \_\_\_\_\_ as  
identification.

Matt Reynolds  
Clerk of Circuit Court

State of Florida Notary Public

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

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name

My commission expires:

\_\_\_\_\_, 20\_\_