

**CLERK OF THE CIRCUIT COURT, SEVENTH JUDICIAL CIRCUIT
FLAGLER COUNTY, FLORIDA, PROBATE DIVISION**

**REQUIREMENTS AND INSTRUCTIONS FOR FILING
DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**

This proceeding is filed to pay for funeral expenses up to \$6000.00 and reasonable medical bills made within the last 60 days of the decedent's last illness. Payment can be made direct to the funeral home, doctor, hospital or to reimburse out of pocket money to the person who paid any of these debts for the decedent.

To Qualify:

1. Decedent must be a resident of Flagler County.
2. Decedent cannot own any real estate.
3. Person requesting distribution must be entitled to the distribution by law.
4. Qualified expenses must be equal to or **more than** the non-exempt assets. For example, the funeral bill up to \$6000.00 must be equal to or more than the bank account balance.
5. Any expenses paid must be out-of-pocket funds. This means that pre-paid funeral plans and medical bills paid by insurance do not qualify.
6. Expenses must be paid by the person seeking to acquire the assets, unless the person who paid the expenses assigns the right to reimbursement to the person filing the Disposition.
7. If the funeral bill or other qualifying expense is unpaid, the asset will be distributed to the funeral home or medical provider.
8. Cars and household furnishings can only be claimed as exempt property by a surviving spouse or children of the decedent.

The Verified Statement form is filed with the court and must have original signature notarized or sworn by a Deputy Clerk of the Court. Answer **ALL** questions. If a particular section does not apply or if you do not have any information to provide in that section, indicate "**none**". **Do not** leave any blanks as the Court may determine that this area was overlooked.

DOCUMENTS THAT MUST BE PROVIDED AT TIME OF FILING:

1. Copy of the funeral bill showing total amount due and if paid, receipt showing who paid.
2. Copies of the hospital or doctor bills that pertain to the last 60 days prior to death and if paid, receipt showing who paid.
3. Copy of documentation that shows ownership and the dollar amount of the asset(s) to be distributed or transferred.
4. Original or Certified Copy of the Death Certificate.
5. Original Will, if there is one.
6. Notarized consent from surviving spouse and any adult children other than the petitioner.

FILING FEE: \$234.00 plus \$3.50 Oath fee (If notarized before filing, no oath fee applies)
\$234.00 Includes \$231.00 statutory filing fee, plus \$3.00 for one Certified copy of Court Order
Payable to the Clerk of Court

Return to: Clerk of Court Probate Dept (Located in the Civil/Criminal Dept. of Clerk of Court on 2nd Floor)
Kim C. Hammond Justice Center
1769 E. Moody Blvd., Bldg. #1
Bunnell, FL 32110

For additional information, please contact the Probate Department:
Telephone: 386-313-4497
probate@flaglerclerk.com

Office Hours: Monday through Friday 8:30 am to 4:30 pm

IN THE CIRCUIT COURT FOR FLAGLER COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION

Case Number _____

Deceased,

Division 49

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
VERIFIED STATEMENT

Petitioner, _____ alleges:

1. Petitioner, whose address is _____,
is the _____, of _____,
(Relationship to decedent) (Name of decedent)

who died at _____, on _____, a resident of Flagler County,
(County/State) (Date)

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:

| NAME | ADDRESS | RELATIONSHIP | BIRTHDATE (if minor) |
|-------|---------|--------------|----------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

3. The estate of decedent consists only of 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 as follows:

A. Exempt Property: List automobiles used by the deceased or members of the deceased's immediate family, household furniture and furnishings not to exceed \$10,000.00, Florida prepaid college tuition, and other items of personal property not to exceed \$1,000.00 in value.

| Description | \$ Value |
|-------------|----------|
| | |
| | |
| | |
| | |

B. Non-Exempt Property: List all other items of personal property owned by the deceased and their estimated value. Include the balance of items such as stocks, bonds & accounts that exceed the \$1000.00 value from above and other items of the deceased (not to exceed value of funeral expense up to \$6000.00, or medical expense)

| Description | \$ Value |
|-------------|----------|
| | |
| | |
| | |
| | |

EXPENSES

C. FUNERAL: Preferred funeral expenses (statement or receipt attached) List funeral, interment and grave marker expenses, including a marker, of up to \$6000.00, including the name of the services provider and whether the bill has been paid.

| Services By | Type of Service | Amount | Paid or Due |
|-------------|-----------------|--------|-------------|
| | | | |
| | | | |
| | | | |

Total C

D. MEDICAL: Medical and Hospital expenses for last 60 days of last illness (statement or receipt attached): 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.

| Services By | Type of Service | Amount | Paid or Due |
|-------------|-----------------|--------|-------------|
| | | | |
| | | | |
| | | | |

Total D

Total C & D

Total of Items listed in Properties - B \$ _____
Total of Items listed in Funeral/Medical - C & D \$ _____

IF THE TOTAL OF NON-EXEMPT PROPERTIES (B) IS MORE THAN THE TOTAL OF PARAGRAPHS FUNERAL AND MEDICAL (C & D) DO NOT CONTINUE, as you are **NOT** eligible for Disposition Without Administration. **If LESS**, proceed with completion of the application.

E. 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

| | | |
|--|--|--|
| | | |
| | | |
| | | |

4. REQUESTED PAYMENT OR DISTRIBUTION TO:

Name= Exempt Property should be listed and is to go to Deceased Spouse, if any, and if not, to the deceased's children. Payment or Reimbursement of Funeral and Medical Expenses and/or Debts of Decedent to be distributed directly to the Funeral Home or Medical provider, etc., or reimbursed to person who paid the bill. Any remaining personal property is to go to the deceased's beneficiaries.

Name

Property/Asset to be Transferred

\$ Amount

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Total Distribution \$

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)

(Address)

(Telephone)

Sworn and subscribed to before me this _____ day of _____, 2011, who is personally known to me _____, or produced identification - type shown _____.

Deputy Clerk