



MICHELLE R. MILLER
CLERK OF THE CIRCUIT COURT & COMPTROLLER
ST. LUCIE COUNTY, FLORIDA

PROBATE DEPARTMENT
201 S. Indian River Dr., 2nd Floor, Fort Pierce, FL 34950
772-462-6910

Mailing Address:
P.O. Box 700
Fort Pierce, FL 34954

Per your request regarding the assets of:

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

735.301 Disposition without Administration

No Administration shall be required or formal proceedings instituted upon the estate of the decedent leaving only the 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.

THE COURT REQUIRES THE FOLLOWING:

1. An original Death Certificate or a certified copy of the Death Certificate must be filed (with a raised seal) with the Disposition.
2. The original Will must be filed with this court, if a Will exists.
3. The decedent must be a resident of ST. LUCIE COUNTY, FLORIDA. This would be noted on the death certificate under the "decedent's residence and history information".
4. There must be a copy of the paid funeral bill showing who paid it, or who is responsible for the payment. (If unpaid, the assets for that portion of the unpaid bill must be paid to the funeral home).
5. A copy of the assets to be distributed (i.e. the bank statement, copy of a check, etc...).
6. Include Waivers and Consent signed by all heirs, if applicable.
7. The completed Disposition of Personal Property form. If choosing to mail in the Disposition, please make sure that it is signed and notarized by a Notary Public.
8. Deliver all documents to the Probate Department with the filing fee of \$231.00. The options for payment are:
 - a. Cash
 - b. Credit cards (Visa, Master Card, American Express, and Discover). Please note, there is an additional service fee.
 - c. Money orders and/or check made payable to: **Michelle R. Miller, Clerk & Comptroller.**
 - d. Required documents with payment, can also be mailed to:
Clerk & Comptroller
Attention: Family Relations
P.O. Box 700
Fort Pierce, FL 34954

The decedent must NOT own any real estate, either in Florida or any other state or country. The petitioner must swear to that fact. Any questions regarding the above can be answered by calling (772) 462-6920.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: _____

Deceased.

_____ /

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
VERIFIED STATEMENT**

Petitioner, _____, alleges:

1. Petitioner resides at _____ and is the _____ (relationship to decedent) of the decedent who died at _____ on the ____ day of _____, 20____, a resident of St. Lucie County, Florida, whose last known address was _____ and, if known, whose age was ____ and whose social security number is ____ - ____ - ____.
2. () The decedent left no Last Will and Testament.
() The decedent's Last Will and Testament was deposited with the Clerk on _____, 20____,
3. So far as is known, all the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their relationship to decedent, their addresses and the ages of any who are minors, are:

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	BIRTHDATE <i>(if minor)</i>

CONTINUED ON NEXT PAGE

4. The estate of the decedent consists only of personal property exempt under the provision of Section 732.402 of 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 as hereinafter described:

A. **EXEMPT PROPERTY:** List – Two automobiles used by the decedent or members of deceased's immediate family. Household furniture and furnishings not to exceed \$20,000. Florida prepaid college tuition.

DESCRIPTION OF EXEMPT PROPERTY	VALUE OF PROPERTY

TOTAL: \$ _____

B. **NON-EXEMPT PROPERTY:** List – All other items of personal property owned by the deceased and their estimated value. Include the balance of items as stocks, bonds and bank accounts.

DESCRIPTION OF NON-EXEMPT PROPERTY	VALUE OF PROPERTY

TOTAL: \$ _____

C. **PREFERRED FUNERAL EXPENSES:** List – Funeral, interment and grave marker expenses, including a marker of up to \$6,000, including the name of the services provider and whether the bill has or has not been paid. Petitioner must file receipt of all funeral expenses.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

TOTAL: \$ _____

CONTINUED ON NEXT PAGE

D. **MEDICAL AND HOSPITAL EXPENSES FOR LAST 60 DAYS:** List – The medical 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 or has not been paid. Petitioner must file any statements or receipts.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

TOTAL: \$ _____

5. Debts of the decedent: List – All other people, accounts or businesses which the decedent owed money to and the amount owed.

CREDITOR	GOODS OR SERVICES (how incurred)	AMOUNT DUE

TOTAL: \$ _____

6. Requested payment or distribution to: (1) Exempt property should be listed and should be distributed as defined in the decedent’s Last Will and Testament, if any, or to the decedent’s spouse, children, if any, as agreed upon by all parties. (2) Payment, and reimbursement to the person who paid the Last Illness Expenses as listed in p.4(C) of this petition and the Last Illness Expenses as listed in p.4(D) of this petition. (3) Payment, and reimbursement of all creditors listed in p.5 in this petition. (4) All remaining Non-Exempt property.

NAME	ADDRESS	PROPERTY	AMOUNT or DOLLAR VALUE

CONTINUED ON NEXT PAGE

7. Petitioner knows of no other assets in the decedent's name alone, 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

Printed Name of Petitioner

Address

City State ZIP

Telephone Number

E-mail address

Sworn to and subscribed before me by the Petitioner on this _____ day of _____, 20____;

() personally known; () presented identification; type of identification produced: _____

Statement obtained by:

NOTARY INFORMATION

MICHELLE R. MILLER
CLERK & COMPTROLLER, ST. LUCIE COUNTY

Notary Signature

Deputy Clerk

Print Name

My commission expires:

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: _____

Deceased.

_____ /

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
WAIVER & CONSENT BY INTERESTED PARTY**

I, _____, residing at _____,
NAME OF THE INTERESTED PARTY ADDRESS

_____, am the _____ of
CITY STATE ZIP RELATIONSHIP TO DECEDENT

_____.
NAME OF DECEDENT

I hereby waive my RIGHT, TITLE and INTEREST to the assets of this Estate in favor of _____
NAME OF PETITIONER

to enable them to pay the expenses or receive the proceeds of the Estate of the above named decedent.

SIGNATURE OF WITNESS

SIGNATURE OF INTERESTED PARTY

NAME OF WITNESS (*printed*)

NAME OF WITNESS (*printed*)

DATE

DATE

TELEPHONE NUMBER

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL CIRCUIT
IN AND FOR ST. LUCIE COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: _____

Deceased.

_____ /

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

On the verified statement of _____, for an Order for Disposition of Personal Property without Administration on the estate of _____, deceased, the Court finds that the decedent was a resident of St. Lucie County, Florida, and died on _____.

At the time of death, the decedent was the owner of the following described assets:

ASSET	LOCATION OF ASSET	APPROXIMATE VALUE OF ASSET

As this estate is so small, administration will not be required by this Court. In view of the foregoing, this is your authority pursuant to F.S. 735.301 to distribute the assets shown above to the following:

NAME	ADDRESS	AMOUNT and PERCENTAGE OF DISTRIBUTION

It is **ORDERED** that the assets be PAID, TRANSFERRED or MAILED directly to the beneficiaries or claimants as set forth in this Order.

ADJUDGED FURTHER that the debtors of the decedent, those holding property of the decedent, and those with whom securities or other property of the decedent are registered, are authorized to comply with this Order, and any person, firm or corporation paying, delivering or transferring property under this Order shall be forever discharged from any liability thereon.

ORDERED at St. Lucie County, Florida, this ____ day of _____, 20____.

CIRCUIT JUDGE