

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
OF THE STATE OF FLORIDA, IN AND FOR HILLSBOROUGH COUNTY
PROBATE AND MENTAL HEALTH DIVISION**

IN RE: _____ **CASE NO.** _____
DIVISION _____
DATE: _____

Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
(Verified Statement)

Petitioner, _____ alleges:

1. Petitioner, whose address is _____

_____ and is _____, of _____

_____ who died at _____ on

the _____ day of _____, 20 _____, a resident of _____, 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 _____, 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 relationship to decedent, and the ages of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP	AGE (Birth Date if Minor)
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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 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:

Description	Value
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EXEMPT:

NON-EXEMPT:

Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
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Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):

Services by	Type of Service	Amount	Paid or Due
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Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount
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Petitioner requests that the Court issue a letter or other writing under the seal of the Court authorizing payment, transfer, or disposition of the property to:

Name

Property

Amount or Value

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

Name of Petitioner

Address

Telephone: _____

Sworn to and subscribed before me this _____ day of _____, 20 _____.

CLERK OF CIRCUIT AND COUNTY COURTS

By: _____

Deputy Clerk