

IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT  
IN AND FOR PASCO COUNTY, FLORIDA  
PROBATE DIVISION

IN RE: THE ESTATE OF FILE NO: \_\_\_\_\_  
Deceased SECTION: \_\_\_\_\_

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**  
Verified Statement

Applicant, \_\_\_\_\_, alleges:

1. Applicant, whose address is \_\_\_\_\_  
is \_\_\_\_\_  
of \_\_\_\_\_ who died at \_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a resident of Pasco County,  
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 of the Court on \_\_\_\_\_

2. So far as is known, the names of the beneficiaries of the decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationships to the decedent, and the dates of birth of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	BIRTH DATE (if Minor)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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RE: THE ESTATE OF \_\_\_\_\_, Deceased.  
FILE NO: \_\_\_\_\_ SECTION: \_\_\_\_\_

3. The estate of decedent consists only of personal property exempt of creditors under Section 732.402 of the Florida Probate Code and 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:

	Value
EXEMPT: _____	
_____	
_____	

NON-EXEMPT: _____
_____
_____

Preferred Funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due
_____		
_____		
_____		

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

Applicant 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

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
*(signature of applicant)*

\_\_\_\_\_  
*(printed name of applicant)*

\_\_\_\_\_  
*(address of applicant)*

\_\_\_\_\_  
*(city, state, zip code)*

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

Statement made before

\_\_\_\_\_  
DEPUTY CLERK/NOTARY

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Verified Statement

RE: THE ESTATE OF \_\_\_\_\_, Deceased.  
FILE NO: \_\_\_\_\_ SECTION: \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_ 20\_\_ by \_\_\_\_\_ (name of person  
acknowledged), who is personally known to me or who has produced \_\_\_\_\_  
\_\_\_\_\_ (type of identification) as identification and who did (did not)  
take an oath.

\_\_\_\_\_  
SIGNATURE OF PERSON TAKING ACKNOWLEDGMENT

(SEAL)

\_\_\_\_\_  
NAME OF ACKNOWLEDGER (*Typed, Printed or Stamped*)

\_\_\_\_\_  
TITLE OR RANK

\_\_\_\_\_  
SERIAL NUMBER

MY COMMISSION EXPIRES:

\_\_\_\_\_