

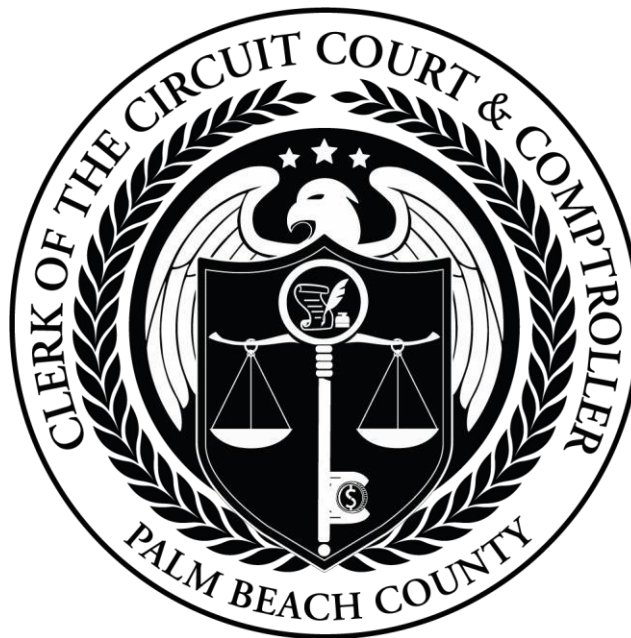
Want to learn more? Attend one of our free Self Service Center DIY Workshops at the Main Courthouse on the first Wednesday of each month from 3:30pm to 4:30pm. Topic varies from month to month. Visit www.mypalmbeachclerk.com for more information.

Joseph Abruzzo

Clerk of The Circuit Court & Comptroller

Self Service Center

Your Guide Through The Courts



Packet #68

Revised 01/2021

Disposition of Personal Property without Administration

File completed forms in room: 3.23 (Main Branch)

Non-Refundable

FREE

Self Service Center Services

All instructions and forms distributed by the Clerk of the Circuit Court & Comptroller are provided as a public service to persons seeking to represent themselves in court without the assistance of an attorney. These documents are meant to serve as a guide only, and to assist pro se (self-represented) litigants with their cases. Any person using these instructions and/or forms does so at his or her own risk, and the Clerk shall not be responsible for any losses incurred by any person in reliance on the instructions and/or forms.

Below are a few of the services available at the Self Service Center:

(Please review current pricing as fees are subject to change without notice)

Community Resource Referral- pamphlets	Free
Photocopies prior to filing	\$.15/page
Photocopies after filing	\$1.00/page
Deputy Clerk signing	\$3.50/signature
Notary signing	\$10.00/signature
Single forms	\$1.00/page

For more information, please go to www.mypalmbeachclerk.com, email us at Selfservice@mypalmbeachclerk.com, or visit one of the following locations:

Palm Beach County Courthouse
205 N. Dixie Highway, Rm #1.25
West Palm Beach, Florida 33401
Self Service line: 561-355-7048

North County Courthouse
3188 PGA Blvd
Palm Beach Gardens, Florida 33410
561-624-6650

South County Courthouse
200 W. Atlantic Ave.
Delray Beach, Florida 33444
561-274-1588

West County Courthouse
2950 State Road 15, Rm. #S-100
Belle Glade, Florida 33430
561-996-4843

Additional Legal Resources:

Florida Rural Legal Services
www.frls.org
561-820-8902

Legal Aid Society of Palm Beach County
www.legalaidpbc.org
561-655-8944

Lawyer Referral Service
www.palmbeachbar.org
561-687-3266 (to hire a lawyer to represent you in court or give you legal advice)

Palm Beach County Law Library
<https://www.15thcircuit.com/services/law-library>
561-355-2928



Disposition of Personal Property without Administration (Packet #68)

When should this packet be used?

This packet should be used to request the release of the Decedent's exempt and nonexempt personal property described below. **There cannot be any real estate involved, and the Decedent must have been a resident of Palm Beach County.**

What are the requirements to use the Disposition of Personal Property without Administration process?

- Pursuant to section 735.301, Florida Statutes, to be eligible to use this process:
 - The estate must consist solely of nonexempt personal property and exempt personal property.
 - Non-exempt personal property includes:
 - Property that does not exceed \$6,000 of reasonable funeral expenses; plus
 - Property that does not exceed the Decedent's final medical bills for the last 60 days before the Decedent's last illness.
 - Exempt personal property includes:
 - Up to \$1,000 of personal homestead property;
 - Up to \$4,000 of personal property if the Decedent did not claim or receive benefits of a homestead exemption;
 - Up to \$20,000 worth of certain household goods (such as furniture, furnishings, and appliances);
 - Two qualifying motor vehicles, neither of which weighs in excess of 15,000 pounds by itself, which are 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;
 - Prepaid tuition programs; and
 - Benefits paid to a teacher or school administrator



Fees:

Unless otherwise noted, fees may be paid by cash, credit card, personal check, or money order payable to Clerk & Comptroller, Palm Beach County. If you cannot afford to pay the filing fee, you may obtain an Application for Determination of Civil Indigent Status from the clerk. Once submitted, the clerk will determine whether you are eligible to have filing fees waived per Florida Statute.

- Certified Copy \$3.00 per copy
- Filing \$232.00

✓ FORMS CHECKLIST ✓

Include in Initial Filing:

___ **Petition for Disposition of Personal Property without Administration Verified Statement (Pages 7-9)**

___ **Affidavit of Heirship (Pages 10-12):** You must list all relatives of the Decedent, including yourself, if applicable. If the decedent never had a relative, indicate “None” in that category.

___ **Certified Copy of Decedent’s Death Certificate**

___ **Copy of Decedent’s funeral bill or signed affidavit from funeral detailing bill and payment.** Any application requesting a Disposition of the decedent’s Personal Property without Administration must include the amount of reasonable funeral expenses with accompanying statements or payment receipts.

___ **Copy of Decedent’s medical bills for the last 60 days of his/her life.**
Any application requesting a Disposition of the decedent’s Personal Property without Administration must include the amount of reasonable and necessary medical and hospital expenses for the last 60 days of the last illness together with accompanying statements or payment receipts.

___ **Decedent’s original Last Will and Testament, if any.**

___ **Self-Addressed Stamped Envelope**



File if Applicable to Your Case: (If any of the property listed on Page 3 of our instructions are included in your Petition for Disposition of Personal Property without Administration Verified Statement, supporting documentation should be included with your filing):

___ **Affidavit/Waiver/Consent to Disbursement of Funds (Pg. 13):** Use this form if the Decedent's personal property includes exempt property or property that may be determined exempt property. This form must be signed by all beneficiaries who are entitled to receive any exempt property listed as an asset of the Decedent or by their representatives.

___ **Copy of bank statement(s) solely in Decedent's name or bank name and address for accounts**

___ **Copy of bond(s) solely in Decedent's name and corresponding letter from bank.** The letter from the bank must be on company letterhead and provide the current value of bonds.

___ **Copy of stock certificate(s) solely in Decedent's name and corresponding letter from Bank.** The letter from the stock broker must be on company letterhead and provide the value of certificates at the time of death.

___ **Copy of any checks payable to the estate that must be reissued.** A copy of the check should be included with Petition for Disposition of Personal Property without Administration Verified Statement, with the name and address of the company issuing the check is clearly visible. Once the Order reissuing the check is received, please return the original check to the bank, along with a certified copy of the order.

Final Steps:

Once the Petition for Disposition of Personal Property without Administration Verified Statement is filed and appropriate fees paid, the Clerk will assign a case number and forward the filing to a case manager for review. The case manager will notify the Petitioner if any additional information is need or if corrections are necessary.

Upon verification of all the information in the filing, a Probate Judge will sign an order granting or denying the Petitioner's request and a certified copy of the order will be mailed to you. The Petitioner must then mail a certified copy of the order to the appropriate bank or stock company for disbursement.

Filing Instructions

- **Paper/ Original Documents:**

- You may file your paperwork either by visiting one of our four courthouse locations (see Page 2 of our instructions) or by U.S. mail to:

**Probate
P.O. Box 4667
West Palm Beach FL, 33402**

- Make 2 copies of all the documents that you complete.
- Next, file all the applicable documents with the Clerk of the Circuit Court & Comptroller's office. Have all pages clipped together before filing (copies may be stapled together).
- **If you mail your documents, make sure you provide an extra pre-addressed stamped envelope so that your copies may be returned.**

- **Electronic Documents:**

- Self-represented litigants may file petitions or other pleadings or documents electronically, but they are not required to do so. If you choose to file your pleadings or other documents electronically, you must do so in accordance with Florida Rule of Judicial Administration 2.525 and the procedures of the judicial circuit in which you file. The rules and procedures should be carefully read and followed.
- You must first register in the Florida E-Filing Portal. Directions, a manual, and a short step by step video are available if you wish to learn to e-file your documents with the Clerk of the Circuit Court & Comptroller instead of filing a hard copy. Go to: www.mypalmbeachclerk.com/court-services/e-filing/self-represented-filers. Please note certain documents must be filed in original, hard copy format. A list of these documents is available on our website.

**IN THE CIRCUIT COURT OF THE FIFTEENTH
JUDICIAL CIRCUIT, IN AND FOR PALM BEACH COUNTY, FLORIDA**

PROBATE DIVISION: _____
FILE NUMBER: _____

IN RE: ESTATE OF:

DECEASED

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

1. Petitioner (Name), _____
whose address is: _____

who is the, (state relationship) _____ of the deceased who died on
_____ (date of death) deceased, while a resident of _____
County. The last known address of the deceased was _____

The decedent left no will;

The decedents will was deposited with the clerk on _____

Will Only Number: _____ none _____

2. So far as is known the names of the heirs/beneficiaries* of the decedent's estate and the decedent's surviving spouse, (if any), their address, their relationship to the decedent, and the ages of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* Note: If the asset is not to be equally divided: each beneficiary listed must sign before a Deputy Clerk or Notary Public agreeing to the disbursement of funds. By listing only the petitioner's name, the petitioner declares themselves to be the sole beneficiary of the deceased.

3. **ASSETS** The estate of the 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 described as follows:

EXEMPT PROPERTY

(Includes personal property and assets valued up to a total amount of \$1000.00 as well as other exempt property described in the explanation packet. For exempt property, complete this portion and do not rewrite in the non-exempt portion. If there is no exempt property, write N/A [not applicable] in this portion of the form)

DESCRIPTION _____

VALUE _____

NON-EXEMPT PROPERTY

(Includes all assets not considered exempt as described in the explanation packet. For non-exempt assets, complete this portion *and* do not write in the exempt portion. If there are no non-exempt assets, write N/A [not applicable] in this portion of the form.

DESCRIPTION _____

VALUE _____

4. Preferred funeral expenses (statement and/or receipt filed separately)

SERVICES BY:	AMOUNT	PAID/DUE

5. Medical and Hospital expenses for the last 60 days of the last illness (statement and/or receipt filed):

SERVICES BY:	AMOUNT	PAID/DUE

6. Other debts of decedent:

CREDITOR	GOODS or SERVICES (How incurred)	AMOUNT

7. Requested payment or distribution to: **(Who is to get assets/property)**

NAME (address and phone number)	PROPERTY	AMOUNT/VALUE

Petitioner has made diligent search and reasonable inquiry for any known or reasonably ascertainable creditors. Petitioner states that a complete list of all heirs/beneficiaries has been listed.

UNDER PENAL TIES 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: _____
 Address: _____
 Day time telephone No.: _____ Residence telephone No. _____
 _____ Print Name: _____

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, _____, by _____, who is personally known to me or has produced _____ as identification.

[Notary Seal]

 NOTARY PUBLIC or DEPUTY CLERK

 Name typed, printed, or stamped
 My Commission Expires: _____

AFFIDAVIT OF HEIRSHIP

As to _____
(Name of Deceased)

STATE OF Florida
COUNTY OF Palm Beach

I, _____, of lawful age, residing at _____,

being first duly sworn, upon oath deposes and says: That affiant was personally well acquainted with the above named decedent, during his (or her) lifetime, having known him (or her) for _____ years, and that affiant bears the following relationship to said decedent, to-wit:

Said decedent departed this life in Palm Beach County, State of FL on or about _____ 20____, being _____ years old at the date of his (or her) death.

Affiant further states that affiant was well acquainted with the family and close relatives of the said decedent, and that the following statements and the answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. Did the decedent leave a will?_____. If so, has the will been admitted to probate? _____ . In what county?_____.When? _____
2. Has an administrator/executor been appointed for the estate of said decedent? _____ If so, give name and address of administrator or executor _____
3. Give name and address of surviving widow or widower of decedent: _____
If not living, give date of death_____
4. If the decedent was married more than once, give name of former husband or wife and state whether said former spouse is dead or divorced: _____
5. On the blank lines below, provide information requested for all children of decedent:

Name of Child(ren)	Age	Address	Living?	Date of Death	By Which Spouse

6. If a deceased child left decedents, give the following information:

Name of Deceased Child: _____

Did he/she leave a will? _____

Name of Child(ren)	Living?	Date of Death	By Which Spouse

Name of Deceased Child: _____

Did he/she leave a will? _____

Name of Child(ren)	Living?	Date of Death	By Which Spouse

Name of Deceased Child: _____

Did he/she leave a will? _____

Name of Child(ren)	Living?	Date of Death	By Which Spouse

Name of Deceased Child: _____

Did he/she leave a will? _____

Name of Child(ren)	Living?	Date of Death	By Which Spouse

7. Did the decedent have any legally adopted children or step –children taken into his or her home? _____. If so, write their names, ages, and addresses in the blank lines below and indicate as to each whether adopted or step-child:

Name Adopted or Step-Child	Age	Address

8. State (so far as known to affiant) whether any inheritance tax is due on the estate of decedent or whether any inheritance tax thereon has been paid:_____.
9. Give below the names and addresses (together with other information called for) of the surviving father, mother, brothers, and sisters of decedent:

Name	Relationship	Age	Address or, if Deceased, Date of Death

10. Give below the names and addresses (together with other information called for) of the surviving children of any deceased brother or sister of the decedent:

Name of Child	Date of Birth	Address or, if Deceased, Date of Death	Name of Father and Mother

Signature of Affiant: _____
 Address: _____
 Dated: _____

STATE OF FLORIDA
 COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, _____, by _____, who is personally known to me or has produced _____ as identification.

[Notary Seal]

 NOTARY PUBLIC or DEPUTY CLERK

 Name typed, printed, or stamped
 My Commission Expires: _____

AFFIDAVIT/WAIVER/CONSENT TO DISBURSEMENT OF FUNDS

IN RE: THE ESTATE OF: _____

FILE NUMBER: _____

I, (Name of beneficiary) _____

as _____ of the probate decedent, do agree to
the disbursement of all estate assets to: (Name of person to receive assets) _____

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: _____

Address: _____

Dated: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ___ day of _____, _____, by _____, who is personally known to me or has produced _____ as identification.

[Notary Seal]

NOTARY PUBLIC or DEPUTY
CLERK

Name typed, printed, or stamped
My Commission Expires: _____