

IN THE CIRCUIT COURT IN AND FOR LAKE COUNTY, FLORIDA

CHECKLIST FOR DETERMINING HOMESTEAD STATUS OF REAL PROPERTY IN FORMAL AND SUMMARY ADMINISTRATION

Estate of: _____ Case No: _____ CP _____

Date of Death: _____ Attorney of Record: _____

Age at Death: _____ Marital Status: _____

Decedent's Residence as Listed on Death Certificate:

Type of Estate: Testate ☐ Testate/Trust ☐ Intestate ☐

NOTE TO COUNSEL: Please fill out both columns of this checklist completely to assist the court in processing your client's pleading. If you do not provide correct dates in the Date Filed column for each item where a "YES" answer is provided, the checklist will be determined to be incomplete, and the court may deny the petition on that basis.

		Attorney Certification			DATE FILED
		YES	NO	N/A	
1.	Certified Death Certificate Filed?				
2.	Last Will and Testament				
	Original Will filed?				
	Date of Will: _____ Date of Codicil: _____	Fill in Information to left			
	If applicable: Notice of Trust # _____ Deposited Will # _____ 732.901 Guardianship Case # _____ Caveat # _____ 731.110 [If caveat has been filed, notify attorney, must serve formal notice on the Caveator before further action can be taken on Petition for Summary 5.260(f); If a creditor-send Notice to Caveator when Letters are issued 5.260(e)]	Fill in Information to the left, if applicable			
	If a copy is filed, has a Petition to Establish Lost Will complying with 5.510 & 5.025 and 733.207 been filed?				
	Is Will self-proved? 732.503, 733.201 If applicable, <input type="checkbox"/> self-proved under law where executed; <input type="checkbox"/> authority provided from other state where executed	If yes, mark boxes on left			

		Attorney Certification			DATE FILED
		YES	NO	N/A	
	If not self-proved, is an oath of witness filed? 733.201(2)				
	Properly executed? 732.502				
	If not, proper oath? 733.201(2) / (3)				
3.	Does the Petition for Determining Homestead Status of Real Property Contain the Following Information? FPR 5.405(b)				
	(1) the date of decedent's death				
	(2) the county of the decedent's domicile at the time of death;				
	(3) the name of the decedent's surviving spouse/descendants; and whether they are minor children, identified with name and year of birth;				
	(4) a Legal description of the property owned and resided on by the decedent;				
	Whether the real property constituted the protected homestead of the decedent; 5.405(c)				
	Formal Notice or Consent by interested parties 5.040/5.041				
4.	List of Beneficiaries:				
5.	List of Creditors:				
6.	Intestate: F.S.732.401(1)	YES	NO	N/A	CONFIRMED
	Does the Proposed Order provide for a Life Estate for Spouse?				
	Testate: F.S.732.4015(1) Is there a Surviving Spouse or minor child?	YES	NO	N/A	CONFIRMED

		Attorney Certification			DATE FILED
		YES	NO	N/A	
7.	For Formal Administration only: Verified Statement Regarding Creditors filed. Notice to Creditors to AHCA (>55yo)	YES	NO	N/A	CONFIRMED
8.	Is the Petition Properly Executed? <input type="checkbox"/> Verified <input type="checkbox"/> Signed by Petitioner <input type="checkbox"/> Signed by attorney 5.020(a)	Fill in applicable information to the left			
9.	Miscellaneous Has formal notice been served on any heir, beneficiary, or creditor not joining or consenting to the Petition?				
	If testate, and Will directs sale—Loses Homestead exemption See [Price 513 So. 2d 767; Knadle 686 So. 2d 681				
	Checklist for Determining Homestead Status of Real Property (pursuant to Amended Administrative Order L-2022-24-A)				
10.	Proposed Orders Proposed Order Determining Homestead Status of Real Property. <input type="checkbox"/> Shall describe real property (includes complete legal description); <input type="checkbox"/> Shall determine whether real property constituted homestead of decedent; <input type="checkbox"/> Identifies by name the person(s) entitled to homestead; <input type="checkbox"/> Defines the interest of person(s) receiving the protected homestead; <input type="checkbox"/> Finds that the homestead property descended to or was validly devised.	Fill in applicable information to the left			

I certify that I have personally reviewed the foregoing checklist and it is accurate. In making the certification, I have relied upon the information set forth in the pleadings and court filings.

Attorney/Litigant for Estate: _____ **Date:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: (____) _____ **Email address:** _____

Attorney/Movant Signature: _____