

IN THE CIRCUIT COURT IN AND FOR LAKE COUNTY, FLORIDA

CHECKLIST FOR SUMMARY ADMINISTRATION

Estate of: _____ Case No: _____ CP _____

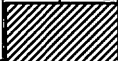

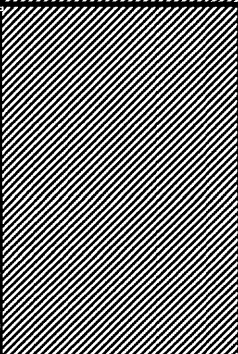
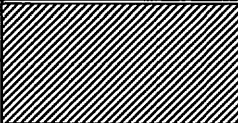
Date of Death: _____ Attorney of Record: _____

Age at Death: _____ Marital Status: _____

Decedent's Residence as Listed on Death Certificate:

Type of Estate: Testate Testate/Trust Intestate Ancillary

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 IN COURT FILE
	YES	NO	N/A	
1. Certified Death Certificate Filed?				
2. Last Will and Testament				
Original Will filed? (or authenticated copy for ancillary) 5.200(j)				
Date of Will: _____ Date of Codicil: _____		Fill in information to left		
If applicable, Notice of Trust # _____ If other than this case, original Will filed in: Court Case # _____ 732.901 Guardianship # _____ Caveat # _____ 731.110 <small>(If Interested Person caveat has been filed, the AOR, must serve formal notice on the Caveator before further action can be taken on Petition for Summary 5.260(f); If a creditor-caveator, Clerk must send Notice to Caveator when Letters are issued (or proof of prior notice has been filed) 5.260(e))</small>		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		
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)				

	Attorney Certification			DATE FILED IN COURT FILE
	YES	NO	N/A	
3. Does the Petition for Summary Administration Contain the Following Information?				
A statement showing interest of Petitioner(s) 5.530(a)(1)				
Petitioner's name and address 5.530(a)(1)				
Petitioner's attorney's name and office address 5.530(a)(1)				
Name of decedent 5.530(a)(2)				
Last known address of decedent 5.530(a)(2)				
Decedent's last four social security numbers 5.530(a)(2)				
Date and place of death of the decedent 5.530(a)(2)				
State and county of decedent's domicile 5.530(a)(2)				
Names and addresses of surviving spouse/beneficiaries/heirs 5.530(a)(3)				
Relationship to the decedent 5.530(a)(3)				
Year of birth of any minor beneficiaries 5.530(a)(3)				
Trust beneficiaries included pursuant to 731.201(2)?				
If Trust/Trustee (of living trust) is a beneficiary, has Notice of Trust been filed? 736.05055(1)				
Statement of venue 5.530(a)(4)				
A statement whether domiciliary or principal proceedings are pending in another state or country 5.530(a)(5)				
Name and address of foreign personal representative and Court issuing letters, if any 5.530(a)(5)				
4. Has the Court Been Provided Information Relative to Existence of a Will?				
A statement in an <u>intestate estate</u> that: 5.530(a)(10) <input type="checkbox"/> Each Petitioner is unaware of any unrevoked Wills or Codicils, <u>or</u> <input type="checkbox"/> Why the Wills or Codicils are not being probated				
	If yes, mark boxes on left			
A statement in a <u>testate estate</u> that: 5.530(a)(11) <input type="checkbox"/> Identify all unrevoked Wills and Codicils being presented for probate; <u>and</u> <input type="checkbox"/> Petitioner is unaware of any other unrevoked Wills or Codicils, <u>or</u> : <input type="checkbox"/> A statement of why any other Wills or Codicils are not being probated <input type="checkbox"/> The original of decedent's Will <input type="checkbox"/> is in possession of the Court <input type="checkbox"/> accompanies petition <input type="checkbox"/> an authenticated copy of a Will deposited with or probated in another jurisdiction accompanies the petition 5.200(j)				
	If yes, mark boxes on left			

		Attorney Certification			DATE FILED IN COURT FILE
		YES	NO	N/A	
6. Is the Petition Filed By:					
<input type="checkbox"/> Beneficiary <input type="checkbox"/> Heir at Law <input type="checkbox"/> Person nominated as personal representative 735.203(1)		Fill in applicable information to the left			
7. Is the Petition Properly Executed? 735.203					
<input type="checkbox"/> Verified 5.530(a) / 735.203(1) <input type="checkbox"/> Signed by surviving spouse 735.203(1) <input type="checkbox"/> Signed by Heirs at Law or beneficiaries who are <i>sui juris</i> 735.203(1) <input type="checkbox"/> Signed by guardian of any heir/beneficiary who is not <i>sui juris</i> /incapacitated 735.203(2)(b) <input type="checkbox"/> Signed by person(s) described by 735.203(2)(a) or (c) <input type="checkbox"/> Signed by attorney 5.020(a)		Fill in applicable information to the left			
8. Miscellaneous					
Has formal notice been served on any heir, beneficiary, or creditor not joining or consenting to the Petition? 5.530(b) / 735.203(1)					
Has Funeral Bill and Proof of Payment-in-full been filed?					
Has Proof of Payment-in-full for all Doctor(s) and Hospital(s) been filed?					
Affidavit of Heirs (pursuant to Administrative Order L-2023-27					
Notice Regarding Original Will (pursuant to Administrative Order L-2023-28					
Checklist for Summary Administration (pursuant to Amended Administrative Order L-2022-24-A)					
9 Proposed Orders					
Proposed Order Admitting Will/Codicil 5.530(c)					
Proposed Order of Summary Administration 5.530(a)(12)(d) – <input type="checkbox"/> Specific as to assets and to whom distributed					

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: _____