IN THE CIRCUIT COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR SUMTER COUNTY, FLORIDA

IN RE: ESTATE OF:

CASE NO.: _____ CP _____

_____,
Deceased.

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
(VERIFIED STATEMENT)

(**attach separate page for additional information indicating corresponding paragraph number**)

Applicant_____(print name), alleges:

1. Applicant, whose address is:
   Address:_____
   City, State, Zip:_____
   is the _____(relationship to Decedent)
   of _____ (Decedent's name).
   Decedent's place of death: _____
   Decedent's date of death: _____ Age at death:_____
   Decedent's last known address:_____
   Who is a resident of _____, County, Florida.
   Decedent's last four digits of Social Security number:_____
   ☐ Decedent left no Will.
   ☐ Decedent's Will was deposited with the Sumter County Clerk of Court on _____(Date).

2. So far as is known, the names and addresses of the beneficiaries of Decedent's estate and Decedent's surviving spouse (if any), their relationship and date of birth of any minors (under age 18) are as follows:

Name: Address: Relationship to Decedent: Birth date (if minor):

_____
_____
_____
_____
_____

3. The estate of Decedent consists only of personal property exempt from the claims 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 sixty (60) days of the Decedent's last illness, all being described as follows:

a. EXEMPT: DESCRIPTION: VALUE:

_____
_____
_____
_____
_____

b. NON-EXEMPT: DESCRIPTION: VALUE:

_____
_____
_____
_____
_____

c. Preferred funeral expenses (statement(s) or receipt(s) **MUST** be attached):

SERVICES BY: AMOUNT: PAID or BALANCE DUE:

_____
_____
_____
_____
_____

d. Medical and hospital expenses for last sixty (60) days of last illness (statement(s) or receipt(s) **MUST** be attached):

SERVICES BY: TYPE OF SERVICE: AMOUNT: PAID OR BALANCE DUE:

_____
_____
_____
_____
_____

e. Other debts of Decedent (statement(s) **MUST** be attached):

CREDITOR:	GOODS or SERVICES: (how incurred)	AMOUNT:

f. 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 THEREIN ARE TRUE, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Date:_____

_____
Applicant's Signature

Print Name:_____
Address:_____
_____
Email:_____
Phone:_____