Print Form

CIRCUIT COURT, PINELLAS COUNTY, FLORIDA
PROBATE DEPARTMENT

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Date [TODAY'S DATE]

IN RE: [NAME OF DECEDENT] , Deceased

Petitioner [NAME OF THE PERSON ENTITLED TO OUT OF POCKET REIMBURSEMENT

alleges [NAME OF DECEDENT] died on [DATE OF DEATH], 20[YEAR]

at [PLACE OF DECEDENT'S DEATH] , whose address was [LAST KNOWN ADDRESS OF DECEDENT]

☐ The decedent left no will [CHECK BOX FOR "YES" LEAVE BLANK FOR "NO"]

☐ The decedent's will was deposited with the Clerk [CHECK BOX FOR "YES" LEAVE BLANK FOR "NO"]

Names, addresses and ages of heirs-at-law and relationship to decedent:
[FULL NAME, ADDRESS, AGE & RELATIONSHIP TO THE DECEDENT]
EXAMPLE: Jane Smith, 122-6th St., Apple, NY 10992- 22 yrs. old]

Personal Property of decedent:
[LIST PERSONAL PROPERTY BEING CLAIMED - CURRENT VALUE - ACCOUNT NUMBER]
[IF POLICE OR SHERIFF IS HOLDING PROPERTY, A COPY OF THE EVIDENCE REPORT]

The following debts of decedent have been paid:

Funeral Expenses: [AMOUNT PAID/STILL OUTSTANDING] **MUST PROVIDE A COPY OF THE BILL**

Medical and Hospital expenses of last 60 days of last illness: [SAME AS ABOVE]

Others: _____
Statement or receipt must be presented with the statement.

Petitioner requests payment to be made to:
[FULL NAME, STREET ADDRESS, CITY, STATE, ZIP OF THE PERSON TO RECEIVE]
[THE ASSETS OF THE DECEASED THAT IS ENTITLED TO REIMBURSEMENT *EVEN IF INFORMATION IS DUPLICATED FROM ABOVE OR BELOW.

☐ I know of no other assets or debts of the decedent. [CHECK BOX FOR "YES"]

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

[ORIGINAL SIGNATURE OF THE PETITIONER]
Signature of Claimant

KEN BURKE
Clerk of the Circuit Court

[FULL STREET ADDRESS]
Address

By _

[CITY, ZIP, STATE]

Deputy Clerk

[A/C PHONE NUMBER]
Telephone