

Ken Burke

Clerk of the Circuit Court and Comptroller



Information, eligibility requirements and forms for:

## Disposition of Personal Property without Administration

### **When to use this packet:**

Florida Statute 735.301 allows for an informal application to the court for transfer of assets when the decedent has only left personal property. The following checklist and chart will help the user determine if they are eligible for such a process and if so, provide the forms needed.

### **Important Note:**

Before you begin, you may want to inquire with the holder of the asset (for example, if the asset is a bank account, contact the bank) to see what may be required for transfer. Depending on the asset and your relationship to the decedent, ***you may only need a death certificate and certified copy of the will.***

### **Resources:**

For Death Certificates: [www.FloridaHealth.gov](http://www.FloridaHealth.gov) or call: (727) 507-4330 ext. 1200

For vehicles: [www.flhsmv.gov](http://www.flhsmv.gov)

For unclaimed property: [www.fltreasurehunt.org](http://www.fltreasurehunt.org)

No- and low-cost legal assistance: Community Law Program – (727) 582-7480; Clearwater Bar Referral – (727) 461-4880; Gulfcoast Legal Services – (727) 443-0657 or (727) 821-0726; St. Pete Bar Referral – (727) 821-5450

Florida Statutes: [www.flsenate.gov/Laws/Statutes](http://www.flsenate.gov/Laws/Statutes)

### **Fees:**

Filing fee: **\$231.00**. Please note this fee is **non-refundable**. Carefully review the checklist and chart on the following pages to be sure you qualify for asset transfer through this process.

Preparation of the Order of Disbursement, plus a certified copy of same: **\$10.00** additional certified copies: **\$3.00** ea. You will need either a self-addressed, stamped envelope to get your order, or pay an additional \$0.63.

**Dispo Eligibility Checklist and Chart:** Be sure all of the following requirements are met. All yellow box (☐) items indicate documents to be filed with the Clerk. ***If you do not meet all of these requirements, you should consider a different type of probate case.*** You may want to consult an attorney. If you do meet these requirements, but do not have **all** of the requested documentation (yellow box items), you may wish to gather those documents before filing for a faster turn-around.

The decedent was a resident of Pinellas County at time of their death.

Any real property (real estate) belonging to the decedent will NOT be addressed by this process. You might consider a different type of probate case.

A certified copy of the death certificate. This must be a copy on the watermarked, textured paper provided by Vital Statistics or the Department of Health. [[www.FloridaHealth.gov](http://www.FloridaHealth.gov) or call: (727) 507-4330 ext. 1200]

If there is a will, you either have it in your possession or it has been deposited with the clerk. Check one:

To my knowledge, there is no will.

I have the original will (a copy is not acceptable).

The holder of the original will has already deposited it with the clerk on: (date) \_\_\_\_\_ under Ref. # \_\_\_\_\_

The assets you are trying to obtain must have been solely owned by the decedent. If titled in a business name, or having a co-owner, you cannot do a Disposition without Administration.

If you are the child of the decedent, and the decedent left no spouse, you may request personal property transferred to you. If you are the child of the decedent, you will need an affidavit of heirship (form included, to be completed by someone other than you and signed before a notary or clerk). If the decedent had other children, you will need a completed and signed consent form from each of them. There is one form included, you may need to print or copy more blank forms for each to complete and sign.

If the decedent left a surviving spouse or a child, and you are ***not*** the surviving spouse or child, you may only ask for non-exempt property (see chart next page) and only up to the amount you spent on funeral (not to exceed \$6,000) or medical expenses.

If the decedent did not have a spouse or a child, you may ask for exempt property (see chart next page) and you will need an affidavit of heirship (form included, to be completed by someone other than you and signed before a notary or clerk).

If you are trying to be reimbursed for funeral or medical expenses, you need to file copies of receipts or statements showing how much was paid, and that it was paid by ***you***.

If you are trying to be reimbursed for funeral or medical expenses, and any part of the expense was paid by someone other than you, you will need a signed consent (form included) from the person whose funds you used.

If you are trying to be reimbursed for funeral expenses, and part or all of the bill remains outstanding, the court **may release the asset to the funeral home**. FS 733.707 makes funeral expenses a priority above other claims.

For each of the assets you are trying to obtain, you will need some documentation of it. The court needs to know exactly what it is, who has it, and what it is worth. For example:

If the asset is a car: you will need the year, make, model and VIN (vehicle identification number), along with a valuation of it (such as a Kelly Blue Book appraisal from [www.kbb.com](http://www.kbb.com)).

For bank accounts: either a copy of a recent statement showing the approximate value, or a letter from the bank (on their letterhead) showing the account information and approximate value.

For other assets: a copy of the asset (savings bond, baseball card, check payable to decedent, etc.) and some kind of documentation on its current market value; or account statement (such as: a utility deposit refund).

This completed packet. Please file this checklist and the chart on the next page with your other documents. If you do not file it with your other documents, you will be required to submit it or the court may not enter an order.

**Helpful Hint:** This packet contains one consent form. If, from the above, you realize you need consents from more than one person, print or copy more blank consent forms.

### **What will happen next?**

The court will review the documents you have provided and either request any documents you are missing, or generate an order. If all documents needed have been provided and everything meets the statutory guidelines, the order will state that the asset(s) now belongs to you (or whomever listed in the distribution on page 3 of your petition). Agencies such as the Dept. of Motor Vehicles and banks require a certified copy of this order to release assets. Plan how many certified copies you may need accordingly. Additionally, you may wish to keep one certified copy for your own records.

### **How long does it take?**

It is hard to predict the court's case load. Generally, you should have an order in 2 to 3 weeks. Of course, if you did not provide all of the documents requested, whatever time it takes you to get those documents filed will add to the time it takes to get an order.

**Your Relationship to Decedent: (check appropriate box)**

		Surviving Spouse <input type="checkbox"/>	Child (there is no surviving spouse) <input type="checkbox"/>	There is a surviving spouse or child, you are neither, but you paid the funeral bill. <input type="checkbox"/>	There is no spouse or children and you paid the funeral expenses and/or final medical bills. <input type="checkbox"/>	
<b>Asset(s) of the Decedent You are Requesting:</b>	<b>Exempt Property</b>	<b>Household furniture, furnishings, and appliances</b> in the decedent's residence <b>up to a value of \$20,000.</b> <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Not eligible to receive.	Eligible to receive through this process, <b>only up to \$6000 of the funeral expenses plus any medical expenses paid by you in the last 60 days of the final illness.</b>
		<b>Two (2) motor vehicles</b> in the decedent's name and regularly used by the decedent or members of the decedent's immediate family as their personal vehicles. <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Not eligible to receive.	
		<b>All qualified tuition programs</b> , including, but not limited to, the Florida Prepaid College Trust Fund. <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Not eligible to receive.	
		Other personal assets (including cash) up to a value of \$1,000. <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Not eligible to receive.	
	<b>Non-Exempt Property</b>	Other assets not listed above equal to the amount of funeral expenses paid by you (not to exceed \$6,000). <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Eligible to receive through this process.	
		Other asset not listed above equal to the amount of medical expenses for the decedent, paid by you (not covered by insurance) in the last 60 days of the final illness. <input type="checkbox"/>	Eligible to receive through this process.	Eligible to receive through this process.	Eligible to receive through this process.	
<b>You may need these additional documents:</b>		N/A	Affidavit of Heirship and Consent from other children of decedent, if any	N/A	Affidavit of Heirship	

**In the Sixth Judicial Court in and for Pinellas County, Florida  
PROBATE DIVISION**

**IN RE: ESTATE OF**

**REF No.** \_\_\_\_\_  
(Clerk provides this number when filed)

\_\_\_\_\_  
(Decedent's Name)

**Disposition of Personal Property without Administration**

Petitioner alleges:

1. Petitioner, whose name is \_\_\_\_\_, whose address is (full street address, city, state & zip) \_\_\_\_\_, and whose relationship to the decedent is \_\_\_\_\_.  
Decedent, whose name is \_\_\_\_\_, who died at (location of death) \_\_\_\_\_ on (date of death) \_\_\_\_\_ was a resident of (county and state) \_\_\_\_\_. Decedent's last known address was (full street address, city, state and zip) \_\_\_\_\_, and whose age, if known, was \_\_\_\_\_ and whose Social Security number is (last 4 digits only) \_\_\_\_\_.

2. Check one of the following:  
 The decedent left no will  
 The decedent's will was deposited with the Clerk on \_\_\_\_\_, 20\_\_.

3. Chapter 732 of the Florida Statutes identifies heirs of a decedent (beneficiaries) as: spouse, children (natural or legally adopted), grandchildren (natural or legally adopted), parents, siblings, nieces and nephews, grandparents, aunts and uncles.

List all known names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the ages of any who are minors (don't forget to include yourself):

NAME	ADDRESS	RELATIONSHIP	Birth Date (if a Minor)

4. The estate of 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: (a) Household furniture, furnishings, and appliances** in the decedent's residence **up to a value of \$20,000. (b) Two (2) motor vehicles** in the decedent's name and regularly used by the decedent or members of the decedent's immediate family as their personal vehicles. **(c) All qualified tuition programs**, including, but not limited to, the Florida Prepaid College Trust Fund. **(d) Other personal property (including cash) up to a value of \$1,000.**

Item:	Description (for vehicles, include make, model, year, color and VIN#)	Value
	Total of above:	

**NON-EXEMPT** includes any personal property (an asset other than real estate) that is not listed above as exempt. Include the balance of an item – such as a bank account- that exceeds the \$1000 from above.

Item:	Description	Value
	Total of above:	

**Preferred funeral expenses (statements and receipts showing who paid and how much must be attached):**

Services by	Amount Paid	Amount Due
	Total of above:	

Medical and hospital expenses for last 60 days of last illness (statements and receipts showing who paid and how much must be attached. DO NOT include services paid by Medicaid, Insurance, HMO, etc. ):

Services by	Type of Service	Amount Paid	Amount Due
	Total:		

**Requested distribution:**

Use this space to indicate which heir/interested person on page 1 is to receive each of the above assets. Exempt property may only be distributed to a surviving spouse. If there is no surviving spouse, it may only go to a child of the decedent.

Name	Property	Amount or Value

**By signing below I am affirming, under penalties of perjury, that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.**

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Address of Petitioner)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date Signed)

If the clerk may contact you by email on this matter only, please check here  and print your email address:

\_\_\_\_\_@\_\_\_\_\_

## Consent to Distribution

In Re: The Estate of: \_\_\_\_\_

Reference # \_\_\_\_\_

I, \_\_\_\_\_ (name of beneficiary), as \_\_\_\_\_ (relationship)  
of the decedent, do agree to the disbursement of assets as listed in the petition of \_\_\_\_\_  
(name of petitioner).

***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 of Affiant)

\_\_\_\_\_  
(Address of Affiant)

\_\_\_\_\_  
(Printed name of Affiant)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date Signed)



**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT,  
IN AND FOR PINELLAS COUNTY, FLORIDA;  
PROBATE DIVISION**

**IN RE: ESTATE OF**

(The clerk will provide these numbers)

**File No.** \_\_\_\_\_

\_\_\_\_\_  
**Deceased.**

**Division** \_\_\_\_\_

**AFFIDAVIT OF HEIRS**

For purposes of this document, you must list ALL RELATIVES of the decedent. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and date of death. Answering with an N/A, not applicable, or any other such designation is inappropriate for this document. If there are no other relatives for a particular category, write "None." When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

1. Spouse of Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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2. Children of the Decedent, or descendants of deceased children. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death). If any of the children are not biologically related to both the decedent and the spouse at the time of death, provide the name of that particular child's biological parent.

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3. Parents of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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4. Siblings, and descendants of the deceased siblings. You must indicate whether the relationship is that of a half-relative (i.e. half-brother or half-sister). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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5. Grandparents. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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6. Aunts and Uncles of the Decedent. (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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7. Kindred of last deceased spouse (ONLY IF filing intestate and is not previously listed above). (Provide name, age, and address; or if deceased, provide name, indicate deceased, and date of death).

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8. I, the affiant, am \_\_\_\_\_ am not \_\_\_\_\_ related to the decedent as follows \_\_\_\_\_  
\_\_\_\_\_. I have known the decedent for \_\_\_\_\_ years. Decedent  
\_\_\_\_\_ died on \_\_\_\_\_.

**Under penalties of perjury, I declare that I have read the foregoing Affidavit of Heirs and the facts stated therein are true.**

***(DO NOT sign until you are in front of a clerk or notary.)***

\_\_\_\_\_  
(Signature of Affiant)

\_\_\_\_\_  
(Address of Affiant)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Date Signed)

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_.

He/she is personally known to me or has presented \_\_\_\_\_ as identification.

By Notary:

\_\_\_\_\_  
Signature of Notary

**-- OR --**

Ken Burke,  
Clerk of Circuit Court & Comptroller  
Pinellas County, Florida

\_\_\_\_\_  
Name of Notary typed, printed or stamped

By: \_\_\_\_\_  
Deputy Clerk  
(seal)

Commission Number & Expiration Date