

## CHECKLIST FOR CLOSING FORMAL ADMINISTRATION ESTATE

This Checklist **must** be completed and e-filed with your proposed Order. An Attorney **shall** certify in writing that she/he has reviewed both the checklist and supporting documents prior to submission. Completing and submitting the Checklist does not obviate any additional obligation imposed by rule or statute. If the submission is deficient, you shall receive a single email identifying the deficiency for correction. Pending correction, the file **will not** move forward.

Estate of \_\_\_\_\_

Probate Case No.: \_\_\_\_\_

Type of Estate: ☐ Testate

☐ Intestate

☐ Ancillary

| Judicial<br>Administration<br>Reviewed: |                                                                                                        | Attorney<br>Certification |                          |                          | DIN# |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|--------------------------|------|
|                                         |                                                                                                        | YES                       | NO                       | N/A                      |      |
|                                         | <b>Petition for Discharge Complying with 5.400 filed?</b>                                              | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Petition served on all interested persons?                                                             | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | The 30-day time period expired ____? Waivers filed ____?                                               | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Any unresolved objections ____?                                                                        | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Compensation for Fees Paid 5.400(b)?<br>Attorney's comp. ____? P.R. comp. ____? Orders entered ____?   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | <b>All required Notice to Creditors &amp; Interested Parties Given?</b>                                | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Notice of Administration served as required by R5.240 and/or<br>waivers ____ & proofs filed ____       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Notice to Creditors served ____ on DOR ____ on AHCA age 55+<br>____ F.S. 733.2121?                     | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Proof of Publication of Notice to Creditors filed. R.5.241? or<br>claims barred ____?                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Verified diligent search Statement Regarding Creditors filed. R.<br>5.241 ____? Or claims barred ____? | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | <b>Verified Inventory filed as required by F.S. 733.604?</b>                                           | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | All Proofs of service of Inventory filed as required by R 5.340?                                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | <b>Creditors?</b>                                                                                      |                           |                          |                          |      |
|                                         | Estate in NOT indebted ____? Claims are barred ____?                                                   | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | All filed Claims satisfied ____ or settled ____? F.S. 733.705<br>If not, attach explanation            | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | <b>Plan of Distribution complying with 5.400(b)(5) filed?</b>                                          | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Report of Distribution filed ____?<br>If not, are Waivers filed ____?                                  | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                                         | Receipts from beneficiaries/heirs filed ____?<br>If not, are Waivers filed ____?                       | <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |      |

| Judicial Administration |                                                                                                     | Attorney Certification   |                          |                          | DIN# |
|-------------------------|-----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------|
| Reviewed:               |                                                                                                     | YES                      | NO                       | N/A                      |      |
|                         | Affidavit of No FL tax due filed ____ F.S. 198.312? Non taxable certificate filed ____ F.S. 198.26? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Notice of Federal Tax Return filed and served? ____ R 5.395 Tax Return due date is ____?            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Federal Estate Tax Closing Letter filed?                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | <b>Civil Actions and Adversary Proceedings?</b>                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Any adversary proceedings filed R5.025? ____<br>If yes, have proceedings been disposed? ____        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Any Notice of Civil Action filed R.5.065? ____<br>If yes, have proceedings been disposed? ____      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | <b>Final Accounting?</b>                                                                            |                          |                          |                          |      |
|                         | Final Accounting filed? ____ or<br>R 5.180 waivers by ALL interested persons filed? ____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Any objections to final accounting filed? ____<br>All objections resolved? ____                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |
|                         | Final Accounting served on ALL interested persons ____<br>Or R 5.180(b) waivers filed? ____         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |      |

Please complete the Certification

The undersigned Attorney certifies that she/he has reviewed the information necessary to support the Petition for Discharge. The Attorney further certifies that all required information was previously, or concurrently filed, with the Petition. The Attorney acknowledges that the Petition will not be reviewed by the Court until the necessary information has been accepted via the **OKALOOSA, PROBATE-GUARDIANSHIP ONLY** section of the Florida E-Filing Portal. The Attorney further acknowledges that a hearing may be required to process the Petition.

Attorney for Personal Representative: \_\_\_\_\_ Dated: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_