

CHECKLIST FOR PETITION TO DETERMINE EXEMPT PROPERTY

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 _____

Case number _____

Type of Estate: ☐ Testate

☐ Intestate

☐ Ancillary

Judicial Administration		Attorney Certification			DIN #
Reviewed:		YES	NO	N/A	
	All Required Notices to Creditors, Beneficiaries and Interested Parties Given?	☐	☐	☐	
	Notice of petition to determine exempt property filed _____?	☐	☐	☐	
	Consents & waivers to petition to determine exempt property filed _____?	☐	☐	☐	
	Verified Petition to Determine Exempt Property complying with R. 5.406 filed?	☐	☐	☐	
	Petition describe property and the basis of exemption. Is property going to spouse _____ or child _____?	☐	☐	☐	
	Petition state name of persons entitled to exempt property	☐	☐	☐	
	Order Determining Exempt Property complying with R. 5.406?	☐	☐	☐	
	Order list each item of exempt property and its value	☐	☐	☐	
	Order list who is entitled to receive exempt property	☐	☐	☐	

The undersigned Attorney certifies that she/he has reviewed the information necessary to support the Petition to Determine Exempt Property. 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: _____