



Angelina “Angel” Colonnese

CLERK OF THE CIRCUIT COURT AND COMPTROLLER OF MANATEE COUNTY

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Disposition of Personal Property without Administration Pursuant to Florida Statute 735.304 (intestate – no will)

To obtain a Disposition of Personal Property without Administration, any heir must satisfy the requirements of F.S. 735.304 and file the completed forms as follows:

- **Disposition without Administration Petition – 3 pages, notarized (required)**
 - Pursuant to FL Statute 735.304(1) –the petition may be filed if the decedent has been deceased for more than 1 year, no administration of the decedent’s estate is pending in this state and decedent had no will.
- **Certified Death Certificate (required)**
- **Decedent was domiciled in Manatee County at time of death or property is located in Manatee County.**
- **Copy of funeral bill and receipts.**
- **Copy of medial and hospital expenses for the last 60 days of decedent’s last illness with receipts.**
- **Copy of paperwork showing assets –**
- **Copy of paperwork showing assets including dollar amount at the time of decedent’s death. You must provide a copy of stock, bank statement, insurance policies etc. including addresses with account numbers, policy numbers and addresses.**
- **The value of nonexempt personal property shall not exceed the sum of \$10,000 and the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness.**
- **Consent of any additional heirs with address and notarized signature, death certificate, if applicable.**
- **Proof of notice to the Agency for Health Care Administration**
- **For current filing fee, please see Fee Schedule at www.manateeclerk.com.**

When filling out the Petition:

- **Print the decedent’s name after the words “In Re:”**
- **Print your name and address, as well as all other required information.**
- **List beneficiaries (heirs) in descending order at item no. 2; you may use the back of the form, indicate on the front of the form that you have done so.**
- **Attach a copy of the paid funeral bill and the last 60 days medical expenses and receipts showing payment. (If the asset is needed to pay the bill, the order can reflect that the proceeds go directly to the funeral home.)**

The forms may be sworn to before the deputy clerk or a notary public. After completing the forms, file all documents with the clerk along with the filing fee. The clerk will provide a copy to you for a fee with the case number and date of filing. Pursuant to statute this copy must be mailed to the Agency for Health Care Administration. All documents will be forwarded to the judge. If granted, two certified copies of the Order to Disburse or Transfer Assets will be provided to you. The certified copies are to be presented by you to the financial institution.

“Pride in Service with a Vision to the Future”

Clerk of the Circuit Court – Clerk of Board of County Commissioners – County Comptroller – Auditor and Recorder

IN THE CIRCUIT COURT IN AND FOR MANATEE COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION

File Number _____

(Decedent's Name)

**Disposition of Personal Property without Administration
Pursuant to Florida Statute 735.304
Affidavit**

Petitioner alleges:

1. Petitioner, whose name and address are _____

and whose Social Security number is _____, is _____ (relationship to
decedent) of _____ (decedent),

who died at _____ on the _____ of _____, 20____, a resident of
_____, whose last known address was

_____, and whose age, if known, was
_____ and whose Social Security number is _____.

[X] The decedent left no will

2. So far as is known, the 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 are:

NAME	ADDRESS	RELATIONSHIP	AGE (Birth Date if Minor)

3. 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 \$10,000 and 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:	Description	Value

NON-EXEMPT:	Description	Value

Preferred funeral expenses (statement or receipts attached):

Services by	Amount	Paid or Due

Medical and hospital expenses for last 60 days of last illness (statement or receipts attached):

Services by	Type of Service	Amount	Paid or Due

Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount

Requested payment of distribution to:

Name	Property	Amount or Value

I know of no other assets or debts of the decedent except: _____

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. **I also declare that pursuant to statute, if the decedent was over the age of 55, I have served a copy of this statement upon the Agency for Health Care Administration (see instructions for mailing address).**

(Signature of Petitioner)

(Address of Petitioner)

(Telephone)

(Email Address of Petitioner)

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization
this _____ day of _____, 20____, who _____ is personally known or _____ produced identification.
Type of identification produced _____.

Signature of person taking acknowledgment

-- OR --
Angelina Colonnese,
Clerk of Circuit Court
P. O. Box 25400, Bradenton, FL

Name of Acknowledger typed, printed or stamped

By: _____
Deputy Clerk

Title

(seal) Commission Number & Expiration Date

_____, _____

735.304 Disposition without administration of intestate property in small estates -

- (1) No administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only personal property exempt under the provisions of s.732.402, personal property exempt from the claims of creditors under the Constitution of Florida, and nonexempt 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 last illness, provided the decedent has been deceased for more than 1 year and no administration of the decedent's estate is pending in this state.
 - (2) The affidavit must be served in the manner of formal notice upon all heirs at law who have not joined in the affidavit; upon all known or reasonably ascertainable creditors of the decedent; and, if the decedent at the time of death was over the age of 55 years of age, upon the Agency for Health Care Administration
 - 3) If the court is satisfied that subsection (1) is applicable and the affidavit filed by the heir at law meets the requirements of subsection (2), the court, by letter or other writing under the seal of the court, may authorize the payment, transfer, disposition, delivery, or assignment of the tangible or intangible personal property to those persons entitled.
 - (a) Any individual, corporation, or other person paying, transferring, delivering, or assigning personal property under the authorization shall be forever discharged from liability thereon.
 - (b) Bona fide purchasers for value from those to whom personal property of the decedent has been paid, transferred, delivered, or assigned shall take the property free of all claims of creditors of the decedent and all rights of the surviving spouse and all other beneficiaries or heirs at law of the decedent.
 - (c) Personal property of the decedent that is not exempt from claims of creditors and that remains in the possession of those to whom it has been paid, delivered, transferred, or assigned shall continue to be liable for claims against the decedent until barred as provided in the Florida Probate Code. Any known or reasonably ascertainable creditor who did not consent to the proposed distribution and for whom provision for payment was not made may enforce the claim and, if the creditor prevails, shall be awarded costs, including reasonable attorney fees, against those who joined in the affidavit.
 - (d) Recipients of the decedent's personal property under this section shall be personally liable for a pro rata share of all lawful claims against the estate of the decedent, but only to the extent of the value on the date of distribution of the personal property actually received by each recipient, exclusive of the property exempt from claims of creditors under the constitution and statutes of Florida.
 - (e) Except as otherwise provided in s. 733.710, after 2 years from the death of the decedent, neither the decedent's estate nor those to whom it may be distributed shall be liable for any claim against the decedent, unless within that time proceedings have been taken for the enforcement of the claim.
 - (f) Any heir or devisee of the decedent who was lawfully entitled to share in the estate but who was not included in the distribution under this section may enforce all rights in appropriate proceedings against those who signed the affidavit or received distribution of personal property and, if successful, shall be awarded costs including reasonable attorney fees as in chancery actions.
- History.—s. 3, ch. 2020-110.

Florida Medicaid Estate Recovery Program

Section 1917 of the Federal Social Security Act (42 USC § 1396(p)), and 42 CFR 433.36, requires that States recover medical assistance payments made to, or on behalf of, a Medicaid recipient from the assets in the estate of that deceased recipient. The Florida law which discusses the provisions of the Florida Estate Recovery Act is found at Florida Statute 409.9101.

The acceptance of public assistance creates a debt of the person accepting assistance which is enforceable only after the death of the recipient. Estate recovery applies to those Medicaid recipients who have received services at any time on or after August 31, 1993 and who were 55 years of age or older at the time of provision of the service.

Conduent Payment Integrity Solutions (Conduent) is the Florida Agency for Health Care Administration (AHCA) approved subcontractor of Health Management Systems (HMS) contracted to administer the Florida Estate Recovery Program.

Please send all notices to:

Florida Medicaid Estate Recovery Program

P.O. Box 12188

Tallahassee, FL 32317

IN THE CIRCUIT COURT IN AND FOR MANATEE COUNTY, FLORIDA

IN RE: _____

Case number: _____

Deceased

Probate: Division

CONSENT TO DISPOSITION OF PERSONAL PROPERTY

I, _____, as _____, of the
(beneficiary) (relationship)
decedent, do agree to the distribution of assets as listed below and in the Petition for
Distribution of Personal Property without Administration filed by _____.
(petitioner)

Description of Asset	Account Number	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sworn to and subscribed before me by means of ☐ physical presence or ☐ online notarization
this _____ day of _____, 20____, who _____ is personally known or _____ produced
identification.
Type of identification produced _____.

Statement made before:

(Deputy Clerk or Notary)

(Signature)

(Print Name)

My commission expires:

(Street Address)

(City, State, Zip Code)

(Telephone)

IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT COURT
IN AND FOR MANATEE COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF:

Case No.:

**CHECKLIST FOR DISPOSITION OF PERSONAL PROPERTY
WITHOUT ADMINISTRATION**

PART I: F.S. 735.304			
Intestate Only			
YES	NO	N/A	TOPIC/QUESTION
			1. Decedent's Death Certificate was filed
			2. Decedent's Death Certificate reflects s/he died in Manatee County
			3. Decedent has been dead for more than one year
			4. Manatee is the only place decedent's estate is being addressed
			5. Decedent's estate is intestate
			6. Petitioner is an heir at law per F.S. 732.102 and 732.103
			7. Is there a surviving spouse?
			8. Are there surviving children of decedent?
			9. Petition is signed and verified by surviving spouse, if any.
			10. Petition is signed and verified by all heirs in law not receiving a full intestate share under the proposed distribution OR they have waived OR proof of formal notice is on non-joined heirs is in the file AND 30 days has passed.
			11. Petition indicates a diligent search for creditors
			12. Petition provides for payment of known creditors
			13. The Agency for Health Care Administration was noticed, if decedent over 55
			14. Is all the listed as exempt property actually exempt?
			15. If there is a spouse AND surviving children of decedent, s/he is getting 50 % share of exempt property OR has waived in favor of decedent's children.
			16. If exempt property is being distributed to only one of decedent's children, there waivers from the surviving spouse AND other children.
			17. There are titles, in Decedent's name, for each exempt vehicle?
			18. Exempt and nonexempt property, is devoid of real property?

			19. Is there a specific list of each piece of nonexempt personal property to be distributed; including name, address, financial institution, account number, policy number etc?
			20. Is there a dollar value at time of decedent's death listed for each item of nonexempt personal property?
			The total dollar value of the nonexempt personal property is: A. \$_____ (place this figure in grey box below)
			21. Are there medical and hospital bills listed for the last 60 days of decedent's last illness?
			22. Are there receipts for each medical bill marked paid or part of proposed Order for distribution?
			23. Are their receipts for each hospital bill marked paid or part of the proposed Order for distribution?
			The total dollar value of the paid receipts for medical and hospital bills is: B. \$_____ (place this figure in grey box below)
			24. Are there funeral bills listed?
			25. Are there receipts for the funeral bills marked paid or part of the proposed Order for distribution?
			The total dollar value of the paid receipts for funeral bills is: C. \$_____ (place this figure in grey box below)
☐ (A.\$_____)[is less than <](\$10,000.00 + B.\$_____ + C\$_____) ☐ ALL ANSWERS TO QUESTIONS 1-6 AND 8-18 ARE YES , if there is a spouse and children then: ☐ If #7 and #8 YES need YES to all #1-#25. ☐ If #7 YES and #8 NO (surviving spouse will need to inherit all exempt property #15 & #16 N/A) ☐ If #8 YES and #7 NO (decedents children must inherit all exempt property #15 N/A & #16 only need waiver from non-inheriting children of decedent) ☐ If all five above boxes correct an ORDER APPROVING should be entered. ☐ If all five boxes above are not correct an ORDER DISAPPROVING should be entered with discrepancies marked.			

PART II A. : EXEMPT PERSONAL PROPERTY REQUIRES F.S. 732.402		
Decedent to have been domiciled in the State of Florida at the time of death		
Beneficiary/Heir must be a spouse or children of decedent		
Exempt Property consists of:		
	Household furniture, furnishings and appliances in decedent's usual place of abode up to \$20,000.00	
	Motor vehicles	
	no more than two	

		neither weighing more than 15,000 lbs
		titled in decedent's name
		Vehicles were regularly driven by decedent or immediate family member
		All qualified tuition programs such as 529 and Florida Prepaid etc
		All benefits per 112.1915 teacher and school admin. death benefits
PART III A. : EXEMPT PERSONAL PROPERTY CONSTITUTION		
Spouse or heir may claim \$1,000.00 of personal property		