IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,
IN AND FOR BROWARD COUNTY, FLORIDA
PROBATE DIVISION

CHECKLIST FOR PETITION FOR DISCHARGE

This Checklist must be completed and e-filed with your Petition. Review and sign the applicable certification clause at the end of the checklist prior to submitting it with your Petition. If any of the items below are not checked, please complete "Certification B." Completing and e-filing this Checklist does not obviate any additional obligations imposed by rule or statute.

HEARING:

☐	At the time of filing this Petition, I intend to pursue this Petition on ex-parte, motion, or special set calendar.

OR

☐	At the time of filing this Petition, I intend to have this Petition submitted to the Judge without a hearing.

CASE NUMBER: PRC - _____-_____ In Re Estate of: _____

☐	The inventory was filed.
☐ **OR** ☐	Proof of publication of the notice to creditors was filed. **OR** Decedent has been dead for more than 2 years.
☐	An affidavit of no estate tax due was filed.
☐ **OR** ☐	A statement regarding creditors was filed. **OR** Decedent has been dead for more than 2 years.
☐ **OR** ☐ **OR** ☐	The notice to creditors was served on the Agency for Health Care Administration. **OR** Decedent was under 55 years old at the time of death. **OR** Decedent has been dead for more than 2 years.
☐ **OR** ☐	**No claims have been filed against the estate.** **OR** **If claims have been filed against the estate:** ☐ All claims were paid or settled, and a satisfaction and release for each claim was filed. Claims that were not satisfied were subject to a timely objection and no independent action was filed by the claimant; **OR** ☐ There are insufficient assets to satisfy the outstanding claims, and notice of the Petition for Discharge was served on all outstanding creditors.[1]

[1] If the estate is insolvent the claims should not be stricken.

☐	The Petition for Discharge was signed by the personal representative.
☐ **OR** ☐	The residuary beneficiaries have consented to the petition for discharge and have waived the annual accounting, and receipts have been filed from the specific beneficiaries. **OR** Waivers and receipts were not filed for one or more beneficiaries. However, those beneficiaries were served a copy of the final accounting and the Petition for Discharge, and the objection period has expired.
☐ **OR** ☐	The Petition for Discharge was served on unsatisfied creditors. **OR** There are no unsatisfied creditors.
☐	The signature page of the proposed order contains at least four (4) lines of text and has the case number on it.
☐ **OR** ☐	**A trust is NOT a beneficiary of the decedent.** **OR** **A trust of the decedent IS a beneficiary of the will offered for probate:** ☐ Every trustee is also a personal representative of the estate, and a disclosure of trust beneficiaries was filed. Further, if every trustee is also a personal representative, all qualified trust beneficiaries have consented to the Petition for Discharge (memo available upon request); **OR** ☐ At least one trustee of the decedent's trust is not a personal representative of the estate.

Please complete the Certification that applies to your filing (either Certification A or Certification B). If Petitioner is represented by counsel, only counsel must complete the applicable Certification Clause. If Petitioner is pro se then the applicable Certification must be completed by Petitioner.

CERTIFICATION A:

The undersigned Petitioner ☐ (print name) _____ /Attorney ☐ (print name) _____ certifies that he/she has reviewed the information necessary to support the Petition for Discharge. The Petitioner ☐ / Attorney ☐ further certifies that all the required information was previously filed or filed concurrently with the Petition. The Petitioner ☐ / Attorney ☐ acknowledges that the Petition will not be reviewed by Court staff

until the necessary information has been accepted into the e-filing system. The Petitioner ☐ / Attorney ☐ further acknowledges that a hearing may be required to process the Petition.

Petitioner's signature: _____

Signed on: _____, 20_____

OR

Attorney's signature: _____

Signed on: _____, 20_____

CERTIFICATION B:

The undersigned Petitioner ☐ (print name) _____ /Attorney ☐ (print name) _____ certifies that he/she has reviewed the information necessary to support the Petition for Discharge. The Petitioner ☐ / Attorney ☐ certifies that, after a diligent search and reasonable effort, the Petitioner ☐ / Attorney ☐ was unable to submit the following information for the following reasons:

_____

_____

_____

_____

_____

_____

_____.

The Petitioner ☐ / Attorney ☐ acknowledges that a hearing may be required concerning the deficiency.

Petitioner's signature: _____

Signed on: _____, 20_____

OR

Attorney's signature: _____

Signed on: _____, 20_____