

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

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

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.

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

☐	The Decedent's Death Certificate was filed.
☐	The Death Certificate reflects a Broward County residence. If the decedent was not a Broward resident, then the Disposition Form addresses property located in Broward County.
☐	The Disposition Form specifically describes the assets to be distributed, and includes values for each asset (e.g., name and address of the financial institution and the associated account number(s), insurance policy numbers, etc.).
☐	If the Applicant is claiming the asset is exempt under section 732.402, the Applicant claiming the asset is either the surviving spouse or the child of the Decedent. If the Applicant claiming the asset is the Decedent's child, consents have been filed from the other children.
☐	If the Applicant is claiming \$1,000 of personal property exempt under the Constitution, the Applicant is the surviving spouse or heir of the Decedent.
☐	If the Applicant is claiming non-exempt assets, the Applicant filed proof of payment of the decedent's funeral expenses and proof of payment of reasonable and necessary medical expenses for the last 60 days of the Decedent's last illness, if any.
OR	OR
☐	If there are no reasonable or necessary medical expenses for the last 60 days of the Decedent's last illness, Applicant alleges so in the Disposition Form.
☐	If the Applicant is seeking reimbursement for preferred funeral expenses, the value of non-exempt assets sought for reimbursement of the funeral expenses does not exceed \$6,000.

☐	If there are outstanding preferred funeral expenses and outstanding medical expenses for the last 60 days of the decedent's last illness, the order of disposition makes provision for those debts to the extent possible.
OR	OR
☐	There are no outstanding preferred funeral expenses and outstanding medical expenses for the last 60 days of the decedent's last illness.
☐	The Disposition Form is signed by the Applicant.

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

CERTIFICATION A:

The undersigned Applicant ☐ (print name) _____ /Attorney ☐ (print name) _____ certifies that he/she has reviewed the information necessary to support the Disposition of Personal Property without Administration. The Applicant ☐ / Attorney ☐ further certifies that all the required information was filed concurrently with the Disposition. The Applicant ☐ / Attorney ☐ acknowledges that the Disposition will not be reviewed by Court staff until the necessary information has been accepted into the e-filing system. The Applicant ☐ / Attorney ☐ further acknowledges that a hearing may be required to process the Disposition.

Applicant's signature: _____

Signed on: _____, 20____

OR

Attorney's signature: _____

Signed on: _____, 20____

CERTIFICATION B:

The undersigned Applicant ☐ (print name) _____ /Attorney ☐ (print name) _____ certifies that he/she has reviewed the information necessary to support the Disposition of Personal Property without Administration. The Applicant ☐ /

Attorney ☐ certifies that, after a diligent search and reasonable effort, the Applicant ☐ / Attorney ☐ was unable to submit the following information for the following reasons:

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

Applicant's signature: _____

Signed on: _____, 20____

OR

Attorney's signature: _____

Signed on: _____, 20____