

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

PETITION FOR SUMMARY ADMINISTRATION OF TESTATE ESTATE

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.
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OR

☐	At the time of filing this Petition, I intend to have this Petition submitted to the Judge without a hearing.
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CASE NUMBER: PRC - _____ - _____ In Re Estate of: _____

☐	A copy of the decedent’s death certificate was filed.
☐	The Petitioner submitted proof of payment of the decedent reasonable and necessary medical bills from the last 60 days of the decedent’s last illness. ¹
OR	OR
☐	If there are no such expenses, Petitioner has stated so in the Petition.
☐	The Petitioner submitted proof of payment of the decedent’s reasonable funeral expenses. ²
☐	The Petitioner filed an Affidavit Regarding Criminal History ³ (form available on the Seventeenth Judicial Circuit’s Website).
☐	The Petition includes: (a) the name and address of the decedent’s surviving spouse (if any); (b) the names and addresses of the decedent’s beneficiaries and their relationship to the decedent; (c) if any beneficiary is a minor, the year of birth is included.
☐	The Petition includes a statement showing venue.
☐	The Petition includes a statement specifying whether there are domiciliary or principal proceedings from another state or country.

¹ Not required if the decedent has been dead for more than 2 years.

² Not required if the decedent has been dead for more than 2 years.

³ Please note that trust companies, banks, as well as other qualified corporations identified in section 733.305, Florida Statutes, are not required to file this affidavit

☐	The Petition demonstrates the eligibility for summary administration, (i.e., the decedent died over 2 years ago or the value of the estate, less exempt property, does not exceed \$75,000).
☐	The Petitioner is a beneficiary or a person nominated as personal representative in the decedent's will offered for probate.
☐	The Petition includes a statement that the decedent's will does not direct administration as required by chapter 733, Florida Statutes.
☐	The Petition 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), legal property descriptions, etc.).
☐	The Petition states that a diligent search for creditors was conducted and acknowledges the penalty for failing to make a diligent search.
☐	<u>No claims have been filed against the estate.</u> OR ☐ <u>If claims have been filed against the estate:</u> ☐ The creditor's claims are otherwise barred by statute; OR ☐ Provision for payment has been made to the extent that assets are available; OR ☐ There are insufficient assets to satisfy the outstanding claims, and formal notice of the Petition was served on the outstanding creditors.
☐	All beneficiaries under the will offered for probate have received formal notice of the petition and the proposed distribution;
OR	OR
☐	The Petitioner has filed consents from all the beneficiaries under the will offered for probate.
☐	The proposed order includes the correct distribution of assets as directed by the will offered for probate.
☐	A proposed order admitting will to probate was filed.
☐	The signature page of the proposed order contains at least four (4) lines of text and has the case number on it.

☐	<u>A trust is not a beneficiary of the decedent.</u>
OR	OR
☐	<u>If a trust of the decedent is a beneficiary of the will offered for probate:</u> ☐ Every trustee of the decedent's trust is also a Petitioner for summary administration, and the Petitioners filed a disclosure of qualified trust beneficiaries and served each qualified beneficiary of the trust formal notice of the Petition. OR ☐ At least one trustee of the decedent's trust is not a Petitioner for summary administration.
☐	<u>The estate contains no real property of the decedent.</u>
OR	OR
☐	<u>The estate contains real property of the decedent, and:</u> ☐ The Petitioner is claiming the decedent's real property is homestead, and a Petition for Homestead has been filed; OR ☐ The Petitioner is not claiming homestead protection for the real property.

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 Summary Administration of Testate Estate. 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 Summary Administration of Testate Estate. 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____