

FORMAL ADMINISTRATION
CHECKLIST FOR CLOSING ESTATE

(All orders provided to the court must show the persons to whom the order is copied;
and self-addressed stamped envelopes (with no return address)
shall be provided for mailing)

PROBATE CASE NUMBER: _____ **DATE OF DEATH:** _____

ESTATE OF: _____

ATTORNEY OF RECORD: _____

ESTATE: **Testate** _____ **Intestate** _____ **Ancillary** _____

Affidavit of Heirs filed? _____ Yes _____ No

Petition to Determine Exempt Property filed? _____ Yes _____ No FS 732.402

Petition to Determine Homestead filed? _____ Yes _____ No Rule 5.405

Any Adversary Proceeding filed? _____ Yes _____ No Rule 5.025

Type: _____

All Adversary Proceedings Actions disposed? _____ Yes _____ No

(If No, attach explanation.)

NOTICE OF ADMINISTRATION

1. Date Death Certificate filed: _____ Rules 5.171 & 5.205
2. Date Letters of Administration issued: _____ FS 733.401
3. Proof of Service of Notice of Administration – Rule 5.040(4)
Number required: _____ Proofs or Waivers filed? _____ Yes _____ No

NOTICE TO CREDITORS

1. Known Creditors served with Notice to Creditors? _____ Yes _____ No FS 733.2121(3)(a)
2. Proof of Publication of Notice to Creditors filed? _____ Yes _____ No Rule 5.241(c)
3. Agency for Health Care Administration served? _____ Yes _____ No FS 733.2121(3)(d)
4. Department of Revenue served? _____ Yes _____ No FS 733.2121(3)(e)
5. Claims Period expiration date: _____ FS 733.2121
6. Statement Regarding Creditors filed? _____ Yes _____ No Rule 5.241(d)
7. Claims filed? _____ Yes _____ No If Yes, how many? _____
8. All Claims resolved? _____ Yes _____ No (If No, attach explanation.)

UNCLAIMED PROPERTY

1. Check with Department of Unclaimed Property? _____ Yes _____ No

INVENTORY

1. Inventory due date: _____ Rule 5.340(a)
2. Date Inventory filed: _____
3. Department of Revenue served? _____ Yes _____ No
FS 199.062(2) (note statute repealed 1/1/07) & 733.2121(3)(e)
4. Proofs of Service of Inventory – Rule 5.340(d): _____ Number required? _____
All Proofs filed? _____ Yes _____ No (If No, attach explanation.)

CIVIL ACTIONS

1. Notice of Civil Action filed? _____ Yes _____ No Rule 5.065
2. All Civil Actions disposed? _____ Yes _____ No (If No, attach explanation.)

TAXES

1. Affidavit of no Tax due filed/recorded: _____ Yes _____ No FS 198.32(2)
(If no taxes due, proceed to Final Accounting)
2. Notice of Estate Tax Return filed and served: _____ Yes _____ No Rule 5.395
Due date of Estate Tax Return: _____
Extended to: _____
3. Federal Estate Tax Closing Letter filed: _____ Yes _____ No
4. Florida Estate Tax Certificate filed/recorded: _____ Yes _____ No FS 198.26

FINAL ACCOUNTING

1. Final Accounting filed? _____ Yes _____ Waived by all _____ No Rule 5.400
2. Any Objections to Final Accounting? _____ Yes _____ No
3. All Objections to Final Accounting resolved? _____ Yes _____ No _____ N/A
(If No, attach explanation.) – Rule 5.401

CLOSING

1. Petition for Discharge filed? _____ Yes _____ No Rule 5.400
Date filed: _____
Presumptive Discharge date: _____ Rule 5.400(c)
Petition to Extend filed? _____ Yes _____ No Rule 5.400(c)
If Yes, Extended to: _____
2. Interested Persons other than Petitioner at the time of the filing of the Petition of Discharge:
_____ Yes (If Yes, list below) _____ No FS 731.201(21)

NAMES OF INTERESTED PERSONS SERVED WITH PETITION FOR DISCHARGE

- | | | |
|----------|--------------|--------------------|
| a. _____ | Waiver _____ | Date Served: _____ |
| b. _____ | Waiver _____ | Date Served: _____ |
| c. _____ | Waiver _____ | Date Served: _____ |
| d. _____ | Waiver _____ | Date Served: _____ |
| e. _____ | Waiver _____ | Date Served: _____ |

f. _____	Waiver _____	Date Served: _____
g. _____	Waiver _____	Date Served: _____
h. _____	Waiver _____	Date Served: _____
i. _____	Waiver _____	Date Served: _____
j. _____	Waiver _____	Date Served: _____

3. Any Objections to Petition for Discharge filed? ☐ Yes ☐ No
4. All Objections to Petition for Discharge resolved? ☐ Yes ☐ No ☐ N/A
(If No, attach explanation.)

As Attorney for the Personal Representative, I CERTIFY on _____ (date), that I have personally reviewed the foregoing checklist and that the information provided herein is accurate.

Attorney for Estate
Attorney's Mailing Address:

Telephone: _____

CLERK'S NOTES

FS 733.901(2). Order of Discharge Date: _____

COURT AND/OR EX PARTE CLERK COMMENTS: _____

