## **SUMMARY ADMINISTRATION CHECKLIST**

PROBATE CASE NUMBER :	DATE OF DEATH :
ESTATE OF :	
ATTORNEY OF RECORD :	
ESTATE: Testate Intestate Ancillary	
1. Original WILL Filed? Yes No N/A	Other
Death Certificate Filed? Yes No No Book Recorded in Public Records: Yes No Book Filed in another case: Case Name:	ok & Page
Court:	Case No:
a. Testate Estate Named in Will Selected by Majority  b. Intestate Estate Spouse Selected by Majority Heir Nearest in Degree  4. Affidavit of Heirs filed? Yes No	Waivers Attached  Waivers Attached  Waivers Attached
5. Non-Exempt Estate Value Less than \$75,000 \$75,000	or more
Petition to for Summary Administration?Yes	No
Does Will require formal administration? Is the Estate less than \$75,000.00? Did the Decedent die more than 2 years ago?	_ Yes No _ Yes No _ Yes No
Surviving Spouse: Yes No  If Yes, Name:  If Yes, has surviving spouse signed Petition for Surviving No	ummary Administration

## Names of All Beneficiaries and Relationship to Decedent:

<b>a</b>	Name	Address	Relationship	Date of Birth (if minor)
d.				
Us	e additional sl	neet if needed.		
		ntities Interested in ditors and Nature o		
	<u>Name</u>		Address	Relationship
d. h				
ρ. C.				
d.				- TOTAL CONTROL CONTRO
Use	e additional sh	eet if needed.		
Has no Persor	otice of petitions or entities	on for summary adr interested, as listed	ninistration been given to above? Yes N	all beneficiaries and other
If notice Yes	ce has not bed	en given, have cons	ents or waivers been obta	ined from each, and been filed?
Has a F [Make s	<b>Petition to De</b> Sure petition s	termine Homestead pecifies whether pro	d been filed? Yes _ perty is inside municipal lim	No N/A nits AND the size of the parcel].
	Proposed Orc	ler Yes	No	
Have y any un	ou checked w claimed prop	rith local and State e erty belonging to d	of Florida Unclaimed Prop ecedent? Yes N	erty officials to see if there is
		PRS (if creditors exist	or Decedent is dead less th N/A	an 2 years):
	Date of first p	ublication:		
,	Claims Period	expiration date:		
(	Claims filed? _	Yes No If	Yes, how many?	
•	All Claims resc explanation of	olved? Yes how they will be res	No (If No, creditors' claim olved.)	s must resolved so attach
Propos	ed Order Adn	nitting Will to Proba	te: YESNO	N/A
Propose	ed Order of S	ummary Administra	ntion: YESNO _	

	nal Representative, I CERTIFY this day of, 20, that I have personally reviewed the foregoing
checklist and that the information	provided herein is accurate.
	Attorney for Estate
	FL Bar No.:
	Attorney's Mailing Address:
	***************************************
	Telephone:
	Facsimile:
CLERK'S NOTES:	
COURT AND/ OR EX PARTE CLERK	COMMENTS:
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