

IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT,  
IN AND FOR GADSDEN COUNTY, FLORIDA

RE: ESTATE OF

FILE NO: \_\_\_\_\_

\_\_\_\_\_/   
Deceased

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION  
VERIFIED STATEMENT

The Petitioner, \_\_\_\_\_, whose relationship to the decedent is \_\_\_\_\_, alleges that \_\_\_\_\_, a resident of Gadsden County, who's Social Security Number was \_\_\_\_\_ and whose last known address was \_\_\_\_\_, died on \_\_\_\_\_.

\_\_\_\_\_ The decedent left no will.

\_\_\_\_\_ The decedent's will was deposited with the clerk on \_\_\_\_\_.

The property of the decedent which must be transferred consists only of personal property exempt under the provisions of s. 732.402, personal property exempt from the claims of creditors under the Constitution of Florida, and nonexempt personal property the value of which does not exceed the sum of the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness.

Please supply information to be used in the transfer of these assets. Give name of bank, transfer agent, or company handling the asset(s). These assets are:

ASSETS DESCRIPTION	ADDRESS OF FIDUCIARY	DOLLAR AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Funeral or burial expenses (attach statement and/or receipts);

SERVICES BY	ADDRESS	AMOUNT	PAID OR DUE
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Last illness expenses (statement and/or paid receipt attached):

SERVICES BY	ADDRESS	TYPE OF SERVICE	AMOUNT	PAID?
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Petition requests payment or distribution to:

NAME	ADDRESS	ASSET	VALUE
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I know of no other assets in the decedent's name alone except:

\_\_\_\_\_

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name of Petitioner (Print Name)

Statement obtained by:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
(Area Code) Telephone Number

\_\_\_\_\_  
Relationship to Decedent