

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

GENERAL INFORMATION

- The value of the asset cannot exceed the funeral expenses pursuant to Section 735.301(1) Florida Statute.
- The asset should be the only item remaining in the name of the decedent.
- If the decedent owns property (real estate) in their name only, or if the assets exceed \$6,000.00, they will not qualify for the Disposition of Personal Property without Administration, and it may be necessary to file another type of probate.
- If title to an automobile needs to be transferred, you may wish to contact the Auto Tag Agency for additional information. <http://www.brevardtaxcollector.com/taxcol4.htm>. The title transfer should be completed prior to the disposition.
- Be careful to use the same information on both the Petition and the Order, i.e., spelling of names.

The following items are required at the time of filing:

1. Completed Law Form 362 (Petition for Disposition of Personal Property without Administration {Verified Statement})
2. Death Certificate (certified or a copy)
3. Last Will and Testament (if any)
4. Itemized statement from the funeral home showing the funeral bill was paid in full.
5. Documentation of the asset and value, such as a bank statement, letter from the stockholder and copy of stocks, etc. These documents must be dated as of the date of death or later.
6. Copies of any outstanding medical or hospital bills for the last sixty (60) days of illness.
7. A stamped and addressed envelope for each asset holder, and one to the petitioner.
8. The deputy clerk for the Clerk of Courts will prepare a separate Order for each entity holding an asset.

The following items are required prior to filing a Disposition of Personal Property without Administration case:

1. The filing fee for a Disposition of Personal Property without Administration is \$231.00. Payment may be made in the form of cash, check, cashier's check, money order, made payable to the Brevard County Clerk of Court, and/or by American Express, Discover, Master Card or Visa.

The Petition MUST be notarized by either a Deputy Clerk or a Public Notary before being submitted.
2. If you require additional assistance or have questions, please contact the Brevard County Clerk of Court's Office at 321-637-5413

A	CASE NUMBER	Case number in Supreme Court Format
B	IN RE: ESTATE OF	Name of Decedent Include any AKA's - AKA's would include a variation of the name found on the Death Certificate, Bank Statement, or Funeral Home bill
C	PETITIONER'S NAME	Name of Petitioner
D	PETITIONER'S ADDRESS	Street address, City, State, and Zip Code of Petitioner
E	PETITIONER'S TELEPHONE #	Telephone Number of Petitioner
F	PETITIONER'S RELATIONSHIP TO DECEDENT	Relationship of Petitioner to Decedent (spouse, mother, brother, etc.)
G	DECEDENT DIED AT	Location where Decedent died (home address, name of hospital, etc.)
H	DECEDENT'S DATE OF DEATH	Date of death of Decedent
I	DECEDENT'S LAST KNOWN ADDRESS	Last known address of Decedent (street, city, state, zip)
J	DECEDENT'S AGE	Age of Decedent at time of death
K	WILL INFORMATION	Check LEFT NO WILL if the Decedent did not have a will. Check Left A Will if the Decedent had a will that was filed for Safekeeping. If this box is checked, complete the date of will and Safekeeping case number. NOTE: This proceeding should be filed with the same case number as the will for Safekeeping.
L	BENEFICIARIES INFORMATION	Name and Address: List the names and addresses of the Decedent's surviving spouse and any other beneficiaries (use a separate sheet if necessary) Relationship: List each beneficiaries relationship to the Decedent. Birth Date: If the beneficiary is a minor, list the birth date, if an adult, type Adult.
M	PROPERTY INFORMATION	Name and Address: List the name and addresses of each asset (bank name and address, holder of stock, etc.) Description of Asset: Describe the asset (account type and account number, name and number of stock certificates, etc.) Value: List the value of the asset.
N	FUNERAL EXPENSES	Services By: Name and address of funeral home Amount: Amount paid Paid or Due: Paid if the funeral expenses were paid, Due if not paid
O	MEDICAL EXPENSES	Services By: Name and address of medical provider (NONE if there are no providers) Amount: Amount paid Paid or Due: PAID if Paid, DUE if not paid
P	OTHER DEBTS OF DECEDENT	Creditor: Name and address of creditor (NONE if there are no creditors) Goods or Services: Type of service provided by creditor Amount: Amount paid
Q	DISTRIBUTION	Name and address of person to whom distribution should be made
R	PETITIONER'S TELEPHONE #	Telephone Number of Petitioner
S	SIGNATURE OF PETITIONER	Signature of Petitioner
T	DATE SIGNED	Date signed by Petitioner
U	CLERK'S SIGNATURE	Notarized dates and seal

**IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT,
BREVARD COUNTY, FLORIDA**

DIVISION: PROBATE CASE NUMBER: 05 - - CP - - XXXX-XX

IN RE: ESTATE OF

CLOCK IN

DECEASED

**PETITION FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT
ADMINISTRATION (VERIFIED STATEMENT)**

PETITIONER'S NAME: _____

PETITIONER'S ADDRESS: _____

PETITIONER'S EMAIL ADDRESS: _____

PETITIONER'S TELEPHONE NUMBER: _____

PETITIONER'S RELATIONSHIP TO DECEDENT: _____

DECEDENT DIED AT: _____

DECEDENT'S DATE OF DEATH: _____

DECEDENT'S LAST KNOWN ADDRESS: _____

1. The above named decedent, a resident of Brevard County,
left no Will
left a Will which was deposited for safekeeping with the Clerk of Court on
_____, 20____, under case number _____
left a Will which was not previously deposited for safekeeping with the Clerk of
Court, but which is now being deposited together with the Petition for Disposition
of Personal Property Without Administration.

2. So far as it is known, the names of the beneficiaries of the decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationships to decedent, and the dates of birth of any who are minors:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____ BIRTH DATE (IF MINOR): _____

3. The estate of decedent consists only of personal property exempt under the provisions of Sec. 732.402 F.S., 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 decedent's last illness, all being described as follows:

EXEMPT:

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

NON EXEMPT:

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

DESCRIPTION: _____

VALUE: _____

Preferred funeral expenses (statement or receipt attached):

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

Medical and hospital expenses for last 60 days of illness (statement or receipt attached):

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

SERVICES BY: _____

AMOUNT: _____ PAID OR DUE: _____

Other debts of decedent:

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CREDITOR: _____

GOODS OR SERVICES: _____ AMOUNT: _____

CASE NUMBER: 05 - - CP - - XXXX-XX

Petitioner requests payment or distribution of the asset(s) listed in paragraph 3 to:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

I know of no other assets or debts of the decedent.

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.

SIGNATURE OF PETITIONER

DATE

PETITIONER'S PHONE NUMBER

WITNESS my hand and Official Seal on the _____ day of _____, 20____, in Brevard County, Florida.

BY _____ DC

BREVARD COUNTY CLERK OF COURT

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA
ORDER FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

DIVISION: Probate

CASE NUMBER 05 - - - - XXXX-XX

IN RE: ESTATE OF

CLOCK IN

DECEASED

TO:

RESERVED FOR RECORDING

The above named decedent departed this life on _____, and at the time of his/her death, he/she was the owner of _____
_____.

A balance of \$_____ remains to be paid on the last rites conducted by _____
whose mailing address is _____.

(OR)

All bills pertaining to the last rites have been paid by _____,
_____ of the decedent, whose mailing address is _____.

(OR)

The estate of the decedent consists only of personal property exempt under the provisions of Sec. 732.402 F.S., or personal property exempt from the claims of creditors under the Constitution of Florida.

As this estate is so small, administration will not be required by this court.

In view of the foregoing, this is your authority, issued pursuant to Sec. 735.301, F.S., to pay the proceeds of the above referenced asset to _____
in partial reimbursement or payment of their preferred claim against the decedent's estate.

ORDERED AND ADJUDGED this _____ day of _____, 20 _____, in Brevard County, Florida.

BY _____ DC
Judge

XC:

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

Effective October 1, 2010, attorneys and pro se litigants (people representing themselves without an attorney) are required to complete a "Notice of Confidential Information Within Court Filings".

Florida Rules of Judicial Administration 2.420 introduces the requirement for the filer of court documents to identify for the Clerk any confidential information and state where in the document the information is located. The form is part of Fla. R. Jud. Admin. 2.420. It must be filed with any court filing that contains confidential information.

The completion of the "Notice of Confidential Information Within Court Filings" form give the Clerk the ability to easily locate and redact the confidential information prior to the document becoming public record or being accessed online.

IN THE COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA

NOTICE OF CONFIDENTIAL INFORMATION WITHIN COURT FILINGS

DIVISION: Probate CASE NUMBER 05 - - - - XXXX-XX

PLAINTIFF CLOCK IN

DEFENDANT

Pursuant to Florida Rule of Judicial Administration 2.420(d)(2), the filer of a court record at the time of filing shall indicate whether any confidential information is included within the document being filed; identify the confidentiality provision that applies to the identified information; and identify the precise location of the confidential information within the document being filed.

Title/Type of Document(s): _____

Indicate the applicable confidentiality provision(s) below from Rule 2.420(d)(1)(B), by specifying the location within the document on the space provided:

- Chapter 39 records relating to dependency matters, termination of parental rights, guardians ad litem, child abuse, neglect, and abandonment § 39.0132(3), Fla. Stat. (If the document is filed within a Chapter 39 case, this form is not required.) Location: _____
Adoption Records. § 63.162 Fla. Stat. (If the document is filed within a Chapter 63 adoption case, this form is not required.) Location: _____
Social Security, bank account, charge, debit, and credit card numbers in court records. § 119.0714(1)(i)-(j), (2)(a)-(e), Fla. Stat. (Unless redaction is requested pursuant to § 119.0714(2), this information is exempt only as of January 1, 2011.) Location: _____
HIV test results and patient identity within the HIV test results. § 381.004(3)(e), Fla. Stat. Location: _____
Sexually transmitted diseases - test results and identity within the test results when provided by the Department of Health or the department's authorized representative. § 384.29, Fla. Stat. Location: _____
Birth and death certificates, including court-issued delayed birth certificates and fetal death certificates. §§ 382.008(6), 382.025(1)(a), Fla. Stat. Location: _____
Identifying information in petition by minor for waiver of parental notice when seeking to terminate pregnancy. § 390.01116, Fla. Stat. (If the document is filed within a Ch. 390 waiver of parental notice case, this form is not required.) Location: _____

PLAINTIFF/PETITIONER

**NOTICE OF CONFIDENTIAL
INFORMATION WITHIN
COURT FILING**

CASE NUMBER

05 - - - - XXXX-XX

- Identifying information in clinical mental health records under the Baker Act. § 394.4615(7) Fla. Stat.
Location: _____
- Records of substance abuse service providers which pertain to the identity, diagnosis, and prognosis of and service provision to individuals who have received services from substance abuse service providers. § 397.501(7), Fla. Stat.
Location: _____
- Identifying information in clinical records of detained criminal defendants found incompetent to proceed or acquitted by reason of insanity. § 916.107(8), Fla. Stat.
Location: _____
- Estate inventories and accounts. § 733.604(1), Fla. Stat.
Location: _____
- Victim's address in domestic violence action on petitioner's request. § 741.30(3)(b), Fla. Stat.
Location: _____
- Information identifying victims of sexual offenses, including child sexual abuse. §§j 119.071(2)(h), 119.0714(1)(h), Fla. Stat.
Location: _____
- Gestational surrogacy records. § 742.16(9), Fla. Stat.
Location: _____
- Guardianship records and orders appointing court monitors in guardianship cases. §§ 744.1076, 744.3701, Fla. Stat.
Location: _____
- Grand jury records. Ch. 905, Fla. Stat. (If the document is filed in a Ch. 905 grand jury p[roceeding, this form is not required.)
Location: _____
- Information acquired by courts and law enforcement regarding family services for children. § 984.063(3)-(4), Fla. Stat. (If the document is filed in a Ch. 984 family services for children case, this form in not required.)
Location: _____
- Juvenile delinquency records. §§ 985.04(1), 985.045(2), Fla. Stat. (If the document is filed in a Ch. 985 juvenile delinquency cases, this form is not required.)
Location: _____
- Information disclosing the identity of persons subject to tuberculosis proceedings and records of the Department of Health in suspected tuberculosis cases. §§ 392.545, 392.65, Fla. Stat.
Location: _____

PLAINTIFF/PETITIONER

NOTICE OF CONFIDENTIAL
INFORMATION WITHIN
COURT FILING

CASE NUMBER

05 - - - - XXXX-XX

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a copy of the foregoing was furnished by U.S. Mail personal service to:
_____, on _____, 20____.

Attorney Name

Attorney Address: _____

Florida Bar Number _____

Phone: _____

NOTE: The Clerk of Court shall review filings identified as containing confidential information to determine whether the information is facially subject to confidentiality under the indentified provision. The clerk shall notify the filer in writing within five (5) days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of the Rule. Fla. R. Jud. Admin. 2.2420(d)(2).