

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL CIRCUIT  
 IN AND FOR ESCAMBIA COUNTY, FLORIDA  
 PROBATE DIVISION

IN RE: Estate of

Case No.:

\_\_\_\_\_, Deceased

**DISPOSITION OF PERSONAL PROPERTY WITHOUT  
 ADMINISTRATION  
 Pursuant to F.S. 735.301  
 AFFIDAVIT**

Petitioner, \_\_\_\_\_, alleges:

1. Petitioner, whose address is \_\_\_\_\_, is  
 the (relation) \_\_\_\_\_ of \_\_\_\_\_, who died at  
 (location) \_\_\_\_\_, on (date) \_\_\_\_\_ a resident of Escambia  
 County Florida, whose last known address was

\_\_\_\_\_ (Street, City, State, Zip)

and, if known, who was \_\_\_\_\_ years of age at the time of death and whose social security number is

\_\_\_\_\_.

2.     ( )   The decedent left no will (died intestate).  
        ( )   The decedent's will accompanies this affidavit.  
        ( )   The decedent's Last Will and Testament was deposited with the Clerk on  
               \_\_\_\_\_, 20\_\_.

3.     So far as is known, the names of the beneficiaries of decedent's estate and of decedent's surviving spouse, if any, their addresses and relations to decedent, and the ages of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	AGE (birth date if minor)

4.     The estate of the decedent consists only of personal property exempt from the claims of creditors under the Constitution of Florida, and non-exempt 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:

**A. Exempt Property:**

Description of Exempt Property	Value of Property

TOTAL \$ \_\_\_\_\_

**B. Non-Exempt Property:**

Description of Non-Exempt Property	Value of Property

TOTAL \$ \_\_\_\_\_

**C. Preferred Funeral Expenses:** (statement and receipts attached)

Services Provided by	Amount	Paid or Due

TOTAL \$ \_\_\_\_\_

**D. Medical and hospital expenses for last 60 days of last illness:** (statements and receipts attached)

Services Provided by	Type of Service	Amount	Paid or Due

5. Other debts of the decedent: List – All other individuals, accounts and businesses which the decedent owed money to and the amount owed.

Creditor	Goods or Services	Amount Due

6. Requested payment of distribution:

Name and Address of Recipient	Description of Asset	Amount

7. 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.

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

\_\_\_\_\_  
Petitioner Printed Name

\_\_\_\_\_  
Address of Petitioner

\_\_\_\_\_  
Phone Number of Petitioner

\_\_\_\_\_  
Email Address of Petitioner

**Pam Childers**  
**Clerk of the Circuit Court**

BY: \_\_\_\_\_  
Deputy Clerk

OR

**NOTARY**  
State of \_\_\_\_\_  
County of \_\_\_\_\_

Sworn to and subscribed before me by means of ( ) physical presence or ( ) online notarization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who ( ) is personally known or ( ) produced identification (type of ID produced) \_\_\_\_\_.

\_\_\_\_\_  
Notary Public (seal)

\_\_\_\_\_  
Name printed

Commission Expiration date: \_\_\_\_\_