



## DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

735.301 Disposition without Administration

*No Administration shall be required or formal proceedings instituted upon the estate of the decedent leaving only the personal property exempted under the provisions of § 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.*

### **THE COURT REQUIRES THE FOLLOWING DOCUMENTS AND FEES:**

1. An original Death Certificate or a certified copy of the Death Certificate with a raised seal.
2. If a Will exists, the original Will with the verified statement unless previously filed.
3. The decedent must be a resident of **Indian River County, Florida**. This would be noted on the Death Certificate under the “decedent’s residence and history information.”
  - a. The decedent must **NOT** own any real estate, either in Florida or any other state or country. The Petitioner must swear to that fact.
4. A copy of the paid funeral bill showing who paid it, or who is responsible for the payment. If the funeral bill is unpaid, the assets for that portion must be paid to the funeral home.
5. A copy of the last 60 days medical expenses with receipts, if applicable.
6. A copy of the assets to be distributed (i.e. the bank statement, copy of a check, etc...).
7. A copy of signed Waivers and Consent forms from all heirs, if applicable.
8. Provide a stamped, self-addressed envelope for return of the certified copy of order.
  - a. A certified copy of the Order for Disposition of Personal Property without Administration will be provided to you for a **\$3.00 fee**.
9. The completed Disposition of Personal Property packet that has been signed and notarized by a Notary Public. **FILL IN ALL BLANKS**. If not applicable write “n/a.”
  - a. If the clerk of court is witnessing your signature there is a **\$3.50 oath fee**.
10. Submit **\$231.00 filing fee**.
  - a. Payment options (refer to fee schedule at [www.clerk.indian-river.org/en/cashiers/](http://www.clerk.indian-river.org/en/cashiers/)):
    - i. Cash
    - ii. Credit cards (Visa, Master Card, American Express and Discover) with **3.5% service fee**.
    - iii. Money orders, Cashier’s check or business check made payable to:  
Jeffrey R. Smith, Clerk of the Court. **Personal Checks are not accepted**.

### **SUBMISSION:**

After completing the Disposition of Personal Property without Administration packet, file all documents and fees with the Indian River County Clerk’s Office. All documents will be forwarded to Judge Linn.

- a. Submit by mail/drop off location:
  - i. Indian River Clerk Office  
Attention: Probate Clerks  
2000 16<sup>th</sup> Avenue  
Vero Beach, FL 32960
- b. Submit **documents only** by email:
  - i. [IRCJudge5@circuit19.org](mailto:IRCJudge5@circuit19.org)

If you have any questions regarding policies and procedures please reference Judge Linn’s website at [www.circuit19.org/judges/michael-linn-j](http://www.circuit19.org/judges/michael-linn-j). All forms and checklists are also available on the website.

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL  
CIRCUIT IN AND FOR INDIAN RIVER COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: \_\_\_\_\_

Deceased.

\_\_\_\_\_ /

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION  
VERIFIED STATEMENT**

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

1. Petitioner resides at \_\_\_\_\_ and is the \_\_\_\_\_ (relationship to decedent) of the decedent who died at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a resident of Indian River County, Florida, whose last known address was \_\_\_\_\_ and, if known, whose age was \_\_\_\_ and whose social security number is \_\_\_\_ - \_\_\_\_ - \_\_\_\_.
2. ( ) The decedent left no Last Will and Testament.  
( ) The decedent's Last Will and Testament was deposited with the Clerk on \_\_\_\_\_, 20\_\_\_\_.
3. So far as is known, all the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their relationship to decedent, their addresses and the ages of any who are minors, are:

NAME	RELATIONSHIP TO DECEDENT	ADDRESS	BIRTHDATE (if minor)

CONTINUED ON NEXT PAGE

4. The estate of the decedent consists only of personal property exempt under the provision of Section 732.402 of Florida Probate Code, 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 as hereinafter described:

A. **EXEMPT PROPERTY:** List – Two automobiles used by the decedent or members of deceased's immediate family. Household furniture and furnishings not to exceed \$20,000. Florida prepaid college tuition.

DESCRIPTION OF EXEMPT PROPERTY	VALUE OF PROPERTY

**TOTAL: \$** \_\_\_\_\_

B. **NON-EXEMPT PROPERTY:** List – All other items of personal property owned by the deceased and their estimated value. Include the balance of items as stocks, bonds and bank accounts.

DESCRIPTION OF NON-EXEMPT PROPERTY	VALUE OF PROPERTY

**TOTAL: \$** \_\_\_\_\_

C. **PREFERRED FUNERAL EXPENSES:** List – Funeral, interment and grave marker expenses, including a marker of up to \$6,000, including the name of the services provider and whether the bill has or has not been paid. Petitioner must file receipt of all funeral expenses.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

**TOTAL: \$** \_\_\_\_\_

*CONTINUED ON NEXT PAGE*

D. **MEDICAL AND HOSPITAL EXPENSES FOR LAST 60 DAYS:** List – The medical provider and amount of all medical and hospital expenses during the deceased’s last 60 days of the last illness, and whether the bill has or has not been paid. Petitioner must file any statements or receipts.

SERVICES PROVIDED BY	AMOUNT OF EXPENSES	PAID or DUE

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

5. Debts of the decedent: List – All other people, accounts or businesses which the decedent owed money to and the amount owed.

CREDITOR	GOODS OR SERVICES (how incurred)	AMOUNT DUE

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

6. Requested payment or distribution to: (1) Exempt property should be listed and should be distributed as defined in the decedent’s Last Will and Testament, if any, or to the decedent’s spouse, children, if any, as agreed upon by all parties. (2) Payment, and reimbursement to the person who paid the Last Illness Expenses as listed in p.4(C) of this petition and the Last Illness Expenses as listed in p.4(D) of this petition. (3) Payment, and reimbursement of all creditors listed in p.5 in this petition. (4) All remaining Non-Exempt property.

NAME	ADDRESS	PROPERTY	AMOUNT or DOLLAR VALUE

CONTINUED ON NEXT PAGE

7. Petitioner knows 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:**

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail address

Sworn to and subscribed before me by the Petitioner on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_;

( ) personally known; ( ) presented identification; type of identification produced: \_\_\_\_\_

Statement obtained by:

NOTARY INFORMATION

JEFFREY R. SMITH  
CLERK OF THE CIRCUIT COURT

\_\_\_\_\_  
Notary Signature

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

\_\_\_\_\_  
Print Name

My commission expires:

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL  
CIRCUIT IN AND FOR INDIAN RIVER COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: \_\_\_\_\_

Deceased.

\_\_\_\_\_ /

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION  
WAIVER & CONSENT BY INTERESTED PARTY**

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
NAME OF THE INTERESTED PARTY ADDRESS

\_\_\_\_\_, am the \_\_\_\_\_ of  
CITY STATE ZIP RELATIONSHIP TO DECEDENT

\_\_\_\_\_  
NAME OF DECEDENT

I hereby waive my RIGHT, TITLE and INTEREST to the assets of this Estate in favor of \_\_\_\_\_  
NAME OF PETITIONER

to enable them to pay the expenses or receive the proceeds of the Estate of the above named decedent.

\_\_\_\_\_  
SIGNATURE OF WITNESS

\_\_\_\_\_  
SIGNATURE OF INTERESTED PARTY

\_\_\_\_\_  
NAME OF WITNESS (*printed*)

\_\_\_\_\_  
NAME OF WITNESS (*printed*)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
E-MAIL ADDRESS

IN THE CIRCUIT COURT OF THE NINETEENTH JUDICIAL  
CIRCUIT IN AND FOR INDIAN RIVER COUNTY, FLORIDA

IN RE: ESTATE OF

CASE NO: \_\_\_\_\_

Deceased.

\_\_\_\_\_ /

**ORDER FOR DISPOSITION OF PERSONAL PROPERTY  
WITHOUT ADMINISTRATION**

On the verified statement of \_\_\_\_\_, for an Order for Disposition of Personal Property without Administration on the estate of \_\_\_\_\_, deceased, the Court finds that the decedent was a resident of Indian River County, Florida, and died on \_\_\_\_\_.

At the time of death, the decedent was the owner of the following described assets:

ASSET	LOCATION OF ASSET	APPROXIMATE VALUE OF ASSET

As this estate is so small, administration will not be required by this Court. In view of the foregoing, this is your authority pursuant to F.S. 735.301 to distribute the assets shown above to the following:

NAME	ADDRESS	AMOUNT and PERCENTAGE OF DISTRIBUTION

It is **ORDERED** that the assets be PAID, TRANSFERRED or MAILED directly to the beneficiaries or claimants as set forth in this Order.

**ADJUDGED FURTHER** that the debtors of the decedent, those holding property of the decedent, and those with whom securities or other property of the decedent are registered, are authorized to comply with this Order, and any person, firm or corporation paying, delivering or transferring property under this Order shall be forever discharged from any liability thereon.

**ORDERED** at Indian River County, Florida, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
CIRCUIT JUDGE

**CLERK'S CERTIFICATE OF MAILING**

I hereby certify that a copy of this Order was mailed/delivered to the following interested persons on \_\_\_\_\_, 20\_\_\_\_.

Certified copies mailed to:

Copies mailed to:

JEFFREY R. SMITH  
CLERK OF THE CIRCUIT COURT

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