

**FLORIDA**

**SUMMARY ADMINISTRATION**

**Title XLII, Chapter 735, Florida Statutes**

Control Number: FL-ET30



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## FL-ET30

### F.S.A. Sections 735.201 – 735.206

#### INSTRUCTIONS

Florida law provides for several alternate abbreviated procedures other than the formal administration process.

**“Summary Administration”** is generally available only if the value of the estate subject to probate in Florida (less property which is exempt from the claims of creditors; for example, homestead real property in many circumstances) is not more than \$75,000, and if the decedent’s debts are paid, or the creditors do not object. Those who receive the estate assets in a summary administration generally remain liable for claims against the decedent for two years after the date of death. Summary administration is also available if the decedent has been dead for more than two years and there has been no prior administration.

Forms to be submitted to the Court:

- 1) Petition for Summary Administration;
- 2) Original Will - if decedent died testate;
- 3) Order Admitting Will to Probate – if appropriate;
- 4) Proof Funeral Expenses and Last Medical Expenses were paid;
- 5) Proof of Payment of Nursing Home Expenses incurred by decedent;
- 6) Death Certificate; and
- 7) Order of Summary Administration.

Steps:

- (1) If a Will is left by the Decedent, it must be deposited in the Office of the Clerk of the Circuit Court within 10 days of receiving information that the person is deceased.
- (2) Prepare the Petition for Summary Administration and Order of Summary Administration and file with the Clerk of the Circuit Court.
- (3) A fee will be charged by the Clerk at the time the documents are filed. The amount of the fee varies depending upon the county. The amount can be determined by contacting the office of the Clerk of the Circuit Court prior to filing the documents.

- (4) A Hearing may or may not be held. You will be advised by the Clerk at the time the documents are filed.

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE THE ESTATE OF

\_\_\_\_\_

PROBATE DIVISION

File Number: \_\_\_\_\_

Division: \_\_\_\_\_

Deceased.

PETITION FOR SUMMARY ADMINISTRATION

1. The Petitioner, \_\_\_\_\_ alleges that \_\_\_\_\_, a resident of \_\_\_\_\_ County, whose last four digits of his/her social security number were \_\_\_\_\_ and whose last known address was:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

died on \_\_\_\_\_ at \_\_\_\_\_. The decedent was domiciled in the state of \_\_\_\_\_ and county of \_\_\_\_\_. Due to the  decedent's last domicile  decedent's debtor's residence  location of decedent's property, this court has venue under F.S 733.101.

Death Certificate attached

Decedent's Will  was not deposited with the Clerk.

was deposited with the Clerk on \_\_\_\_\_.

2. The Petitioner, \_\_\_\_\_, whose address is:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

has the following interest in the estate of \_\_\_\_\_:

\_\_\_\_\_  
(if applicable) Petitioner's attorney is \_\_\_\_\_, whose address is:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

### 3. Eligibility for Summary Administration

a.  The Decedent died intestate and

- (1) The value of the entire estate subject to administration in the State of Florida, less the value of property exempt from the claims of creditors, does not exceed \$75,000.00; or
- (2) The decedent has been dead for more than two (2) years.
- (3) After the exercise of reasonable diligence each petitioner is unaware of any unrevoked wills or codicils

b.  The Decedent died testate and:

- (1) The decedent's will does not direct administration as required by chapter 733 and, either:
- (2) The value of the entire estate subject to administration in the State of Florida, less the value of property exempt from the claims of creditors, does not exceed \$75,000.00, or
- (3) The decedent has been dead for more than two (2) years.
- (4) The decedent's will does not direct administration as required by chapter 733, Florida Statutes.
- (5) The following unrevoked wills and codicils are being presented for probate, and the petitioner is unaware of any other unrevoked will or codicil: \_\_\_\_\_

### 4. Assets of the estate and their estimated values:

ASSET DESCRIPTION	COMPLETE ASSET ADDRESS	DOLLAR VALUE
-------------------	------------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROTECTED HOMESTEAD  
AND EXEMPT PROPERTY  
DESCRIPTION

COMPLETE ASSET ADDRESS

DOLLAR VALUE

_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Obligations and Expenses of the Estate:

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

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Last illness expenses (attach statement and/or receipts):

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_

Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

Type of service: \_\_\_\_\_  
Services by: \_\_\_\_\_  
Address: \_\_\_\_\_  
Amount: \_\_\_\_\_  
Paid/Due: \_\_\_\_\_

- A diligent search and reasonable inquiry for any known or reasonably ascertainable creditors has been made and (check one below)
- The estate is not indebted.

The following debts are due:

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Debt: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  This is a estimated amount  This is an exact amount  
Amount Paid: \_\_\_\_\_

If provision for payment of the debt has been made other than for full payment in the proposed order of distribution:

Person Who Will Pay Debt: \_\_\_\_\_  
Creditor's Written Consent For  
Substitution Or \_\_\_\_\_  
Assumption Of The Debt By  
Another Person: \_\_\_\_\_  
The Amount To Be Paid If The  
Debt Has Been \_\_\_\_\_  
Compromised \_\_\_\_\_  
The Terms For Payment And Any  
Limitations On The \_\_\_\_\_  
Liability Of The Person Paying  
The Debt \_\_\_\_\_

Creditor: \_\_\_\_\_

Address: \_\_\_\_\_  
Nature of Debt \_\_\_\_\_  
Amount Due: \_\_\_\_\_  This is a estimated amount  This is an exact amount  
Amount Paid: \_\_\_\_\_

If provision for payment of the debt has been made other than for full payment in the proposed order of distribution:

Person Who Will Pay Debt: \_\_\_\_\_  
Creditor's Written Consent For  
Substitution Or \_\_\_\_\_  
Assumption Of The Debt By  
Another Person: \_\_\_\_\_  
The Amount To Be Paid If The  
Debt Has Been \_\_\_\_\_  
Compromised \_\_\_\_\_  
The Terms For Payment And Any  
Limitations On The \_\_\_\_\_  
Liability Of The Person Paying  
The Debt \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Debt \_\_\_\_\_  
Amount Due: \_\_\_\_\_  This is a estimated amount  This is an exact amount  
Amount Paid: \_\_\_\_\_

If provision for payment of the debt has been made other than for full payment in the proposed order of distribution:

Person Who Will Pay Debt: \_\_\_\_\_  
Creditor's Written Consent For  
Substitution Or \_\_\_\_\_  
Assumption Of The Debt By  
Another Person: \_\_\_\_\_  
The Amount To Be Paid If The  
Debt Has Been \_\_\_\_\_  
Compromised \_\_\_\_\_  
The Terms For Payment And Any  
Limitations On The \_\_\_\_\_  
Liability Of The Person Paying  
The Debt \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address: \_\_\_\_\_  
Nature of Debt \_\_\_\_\_

Amount Due: \_\_\_\_\_  This is a estimated amount  This is an exact amount

Amount Paid: \_\_\_\_\_

If provision for payment of the debt has been made other than for full payment in the proposed order of distribution:

Person Who Will Pay Debt: \_\_\_\_\_  
Creditor's Written Consent For  
Substitution Or \_\_\_\_\_  
Assumption Of The Debt By  
Another Person: \_\_\_\_\_  
The Amount To Be Paid If The  
Debt Has Been \_\_\_\_\_  
Compromised \_\_\_\_\_  
The Terms For Payment And Any  
Limitations On The \_\_\_\_\_  
Liability Of The Person Paying  
The Debt \_\_\_\_\_

Creditor: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Debt \_\_\_\_\_

Amount Due: \_\_\_\_\_  This is a estimated amount  This is an exact amount

Amount Paid: \_\_\_\_\_

If provision for payment of the debt has been made other than for full payment in the proposed order of distribution:

Person Who Will Pay Debt: \_\_\_\_\_  
Creditor's Written Consent For  
Substitution Or \_\_\_\_\_  
Assumption Of The Debt By  
Another Person: \_\_\_\_\_  
The Amount To Be Paid If The  
Debt Has Been \_\_\_\_\_  
Compromised \_\_\_\_\_  
The Terms For Payment And Any  
Limitations On The \_\_\_\_\_  
Liability Of The Person Paying  
The Debt \_\_\_\_\_

All creditors ascertained to have claims have been served with formal notice of this petition prior to the entry of the Order for Summary Administration.

All creditors claims are barred.

6. Those Entitled to Distribution:

Surviving Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

HEIRS, BENEFICIARIES OR CREDITORS:

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship to decedent \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Relationship to decedent \_\_\_\_\_

DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

OTHER KNOWN SURVIVING HEIRS AND CREDITORS OF THE DECEDENT, OTHER THAN THE ABOVE:

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Relationship \_\_\_\_\_  
to decedent \_\_\_\_\_  
DOB: (minors only) \_\_\_\_\_

7. Petitioner requests payment or distribution to:

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_

City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_  
Asset Description and Value: \_\_\_\_\_

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

\_\_\_\_\_.

I also acknowledge that neither the application, nor the granting of this Petition for Summary Administration, in any way relieves me, or this Estate, of the possible obligation of filing a State or Federal Tax Return.

No domiciliary or principal proceedings are pending in another state or country.

Domiciliary or principal proceedings are pending in another state or country.

Name and address of the foreign personal representative: \_\_\_\_\_

Name and address of the court issuing letters: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
(Area Code) Telephone No.

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

**SUBMITTED BY:**

This document was prepared by the following attorney:

\_\_\_\_\_  
[Typed or Printed Name]

\_\_\_\_\_  
[Signature]

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Florida Number: \_\_\_\_\_

Counsel for \_\_\_\_\_

**VERIFICATION**

**A. PETITIONER**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, the undersigned **Petitioner**, being sworn by means of  physical presence or  online notarization, state that I have read and understood the Petition for Summary Administration in the above styled case; that the petition was filed at my request and direction; and that the allegations in the above petition are true and correct, to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

Petition for Summary Administration

B.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned  Surviving Spouse  Heir  Beneficiary  Creditor   
(other, specify) \_\_\_\_\_, being sworn by means of  physical presence or  
 online notarization, state that I have read and understood the Petition for Summary  
Administration in the above styled case; that the petition was filed at my request and direction;  
and that the allegations in the above petition are true and correct, to the best of my knowled ge,  
information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_ .

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

C.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned  Surviving Spouse  Heir  Beneficiary  Creditor   
(other, specify) \_\_\_\_\_, being sworn by means of  physical presence  
or  online notarization, state that I have read and understood the Petition for Summary  
Administration in the above styled case; that the petition was filed at my request and direction;  
and that the allegations in the above petition are true and correct, to the best of my knowled ge,  
information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_

D.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned  Surviving Spouse  Heir  Beneficiary  Creditor   
(other, specify) \_\_\_\_\_, being sworn by means of  physical presence  
or  online notarization, state that I have read and understood the Petition for Summary  
Administration in the above styled case; that the petition was filed at my request and direction;  
and that the allegations in the above petition are true and correct, to the best of my knowled ge,  
information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

E.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned  Surviving Spouse  Heir  Beneficiary  Creditor   
(other, specify) \_\_\_\_\_, being sworn by means of  physical presence or   
online notarization, state that I have read and understood the Petition for Summary  
Administration in the above styled case; that the petition was filed at my request and direction;  
and that the allegations in the above petition are true and correct, to the best of my knowledge,  
information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

F. Parent or Guardian

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, the undersigned  Surviving Spouse  Heir  Beneficiary  Creditor   
(other, specify) \_\_\_\_\_, being sworn by means of  physical presence or   
online notarization, state that I have read and understood the Petition for Summary

Petition for Summary Administration

Administration in the above styled case; that the petition was filed at my request and direction; and that the allegations in the above petition are true and correct, to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Type or Print Name

ACKNOWLEDGED, SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE THE ESTATE OF

\_\_\_\_\_

PROBATE DIVISION

File Number: \_\_\_\_\_

Division: \_\_\_\_\_

Deceased.

ORDER ADMITTING WILL TO PROBATE

The instrument presented to this court as the last will of \_\_\_\_\_, deceased, having been executed in conformity with law, and made self-proved at the time of its execution by the acknowledgment of the decedent and the affidavits of the witnesses, each made before an officer authorized to administer oaths and evidenced by the officer's certificate attached to or following the will in the form required by law, and no objection having been made to its probate, and the court finding that the decedent died on \_\_\_\_\_, 20\_\_\_\_, it is

ADJUDGED that the will dated \_\_\_\_\_, 20\_\_\_\_, and attested by \_\_\_\_\_ and \_\_\_\_\_ as subscribing and attesting witnesses, is admitted to probate according to law as and for the last will of the decedent.

ORDERED on \_\_\_\_\_, 20\_\_\_\_.

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

-----For recorder's use-----

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE THE ESTATE OF

\_\_\_\_\_

PROBATE DIVISION

File Number: \_\_\_\_\_

Division: \_\_\_\_\_

Deceased.

ORDER OF SUMMARY ADMINISTRATION

This case came before the Court upon the Petition for Summary Administration, and the Court being fully advised in the premises, it is ORDERED:

1. The Decedent, \_\_\_\_\_ resident of \_\_\_\_\_

County, whose last four digits of his/her social security number were \_\_\_\_\_ and whose last known address was:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

Died on: \_\_\_\_\_

2. The Decedent died  Intestate or  Testate and Decedent's Will  NOT  WAS deposited with the Clerk.

Order of Summary Administration

3. The Estate is eligible for Summary Administration because:

- a.  The Decedent died intestate and
  - (1) The value of the entire estate subject to administration in the State of Florida, less the value of property exempt from the claims of creditors, does not exceed \$75,000.00; or
  - (2) The decedent has been dead for more than two (2) years.
- b.  The Decedent died testate and:
  - (1) The decedent's will does not direct administration as required by chapter 733. and, either:
  - (2) The value of the entire estate subject to administration in the State of Florida, less the value of property exempt from the claims of creditors, does not exceed \$75,000.00, or
- c.  The decedent has been dead for more than two (2) years.
- d.  The decedent's will does not direct administration as required by chapter 733, Florida Statutes.

4. Assets of the gross estate and their estimated values:

Asset Description	Estimated Value

5. The estate is not indebted or that provision for payment of debts has been made or the claims are barred.

6. Those entitled to distribution and the assets they are to receive:

Surviving Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Asset Value:	Asset Description
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

HEIRS, BENEFICIARIES OR CREDITORS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value: \_\_\_\_\_ Asset Description: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value: \_\_\_\_\_ Asset Description: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value: \_\_\_\_\_ Asset Description: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

6.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

ORDERED on: \_\_\_\_\_

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

IN THE CIRCUIT COURT IN AND FOR \_\_\_\_\_ COUNTY, FLORIDA

IN RE THE ESTATE OF

\_\_\_\_\_

PROBATE DIVISION

File Number: \_\_\_\_\_

Division: \_\_\_\_\_

Deceased.

NOTICE TO CREDITORS

Notice is hereby given that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, the Court entered an Order of Summary Administration of the above Estate. The total cash value of the Estate was found to be \_\_\_\_\_ (\$ \_\_\_\_\_) . The estate by order of the court was assigned to the following individuals in the stated amounts:

SURVIVING SPOUSE:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Asset Value:	Asset Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

HEIRS, BENEFICIARIES OR CREDITORS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Relationship to Decedent \_\_\_\_\_  
Asset Value: \_\_\_\_\_ Asset Description: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

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

Asset Value:	Asset Description:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Relationship to Decedent	_____
Asset Value:	Asset Description: _____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Relationship to Decedent	_____
Asset Value:	Asset Description: _____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip code: \_\_\_\_\_

Relationship to Decedent	_____
Asset Value:	Asset Description: _____
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____

All creditors having claims against the Estate are required to file their claims, with supporting documentation attached, with the Clerk of the Circuit Court,

\_\_\_\_\_ County, \_\_\_\_\_, Florida, within Ninety (90) days after the first publication of this Notice.

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

\_\_\_\_\_  
Signature of Personal Representative

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Zip Code

**SUBMITTED BY:**

This document was prepared by the following attorney:

\_\_\_\_\_  
[Typed or Printed Name]

\_\_\_\_\_  
[Signature]

Firm Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Email address \_\_\_\_\_

Florida Number: \_\_\_\_\_

Counsel for \_\_\_\_\_