



Clerk of the Circuit Court & Comptroller

Office of Gary J. Cooney, Clerk & Comptroller

P.O. Box 7800 • 550 W. Main St. • Tavares, FL 32778-7800 • www.LakeCountyClerkFL.gov

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION (VERIFIED STATEMENT)

All blank spaces on the verified statement must be completed.

Please attach any of the following items which apply to the Disposition of Personal Property without Administration:

- A copy of the Death Certificate. These can be obtained from the Florida Department of Health's Office of Vital Statistics.
- Original Last Will and Testament (if decedent had a Will).
- Copy of the paid funeral bill or canceled check showing payment of the funeral bill.
- Identifying information on asset(s) to be transferred with value as of the date of death or current value.
 - Examples:
 - Bank statement which includes name and address of bank
 - Letter from nursing home which is holding a patient account balance
 - Statement from stock broker and copy of stock certificates with name and address of transfer agent
 - Refund checks issued to decedent that state amount of refund due, check issuer name, and check issuer address

The Filing Fee is \$231.00.

- Please make your check or money order payable to "Gary J. Cooney, Clerk of the Circuit Court."
- If you are mailing the forms, you may send them with your check or money order to:

Gary J. Cooney, Clerk of the Circuit Court
Attn: Probate
P.O. Box 7800
Tavares, FL 32778

A letter will be prepared for a Circuit Judges signature. That letter will then be mailed to you. You can then take that letter in person or mail it to the company, business, or person holding the asset(s) to be transferred to you.

Name	Address	Relationship	Birth Date (if minor)
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3. The estate of decedent consists only of personal property exempt from the claims of creditors under Section 732.402 of the Florida Probate Code and 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:

Exempt:	Description	Value

Non-Exempt:	Description	Value

Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due

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

Services by	Type of Service	Amount	Paid or Due

Other debts of decedent:

Creditor	Goods or services (how incurred)	Amount
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Applicant requests that the Court issue a letter or other writing under the seal of the Court authorizing payment, transfer, or distribution of the property to:

Name & Address	Property	Amount or Value
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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 Applicant

Name of Applicant (print or type)

Address

Telephone