

IN THE CIRCUIT COURT FOR SEMINOLE COUNTY, FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

Case No. _____

Deceased

PETITION FOR SUMMARY ADMINISTRATION

Intestate (No Will) _____ **Testate (Will)** _____

1. The following Petitioner(s) has/have an interest in the above estate:

NAME	ADDRESS	INTEREST AS

2. Decedent, _____, whose last known address was _____,
whose social security number is _____, died on _____,
_____, at _____, and at the time of death was domiciled in
_____ County, _____.

3. The beneficiaries of this estate and of the decedent's surviving spouse, are:

NAME	ADDRESS	RELATIONSHIP	IF MINORS (Birth Date)

4. Venue of this proceeding is being held in _____ County, _____.

5. Domiciliary or principal probate proceedings _____ are _____ are not known to be pending in another state or county.

If known, Letters of Administration have been issued by
(court issuing letters)

_____ the address of which is

_____ to (name of foreign personal representative) _____ whose address is

6. For testate matters (with a will), Petitioner is entitled to summary administration because (check all boxes that apply):

- ☐ Decedent's will does not direct administration as required by Florida Statutes Chapter 733;
- ☐ To the best knowledge of the petitioner, the value of the entire estate subject to administration in this state, less the value of property exempt from the claims of creditors, does not exceed \$150,000.
- ☐ The decedent has been dead for more than two years.

7. The following is a complete list of the assets in this estate and their estimated values, together with those assets claimed to be exempt, separately designate protected homestead and exempt property:

ASSETS	ESTIMATED VALUE

8. With respect to claim of creditors (check one or all):

- ☐ that all creditors' claims are barred or
- ☐ that a diligent search and reasonable inquiry for any known or reasonably ascertainable creditors has been made and one of the following:
- ☐ a statement that the estate is not indebted
- ☐ the name and address of each creditor, the nature of the debt, the amount of the debt and whether the amount is estimated or exact, and when the debt is due. If provision for payment of the debt has been made other than for full payment in the proposed order of distribution, the following information must be shown:

a. The name of the person who will pay the debt:

b. The creditor's written consent for substitution or assumption of the debt by another person:

c. The amount to be paid if the debt has been compromised: _____

d. The terms for payment and any limitations on the liability of the person paying the debt:

9. (check all that apply): _____ Petitioner(s) is/are unaware of any unrevoked will and/or codicil of the decedent

_____ The original last will of the decedent, dated _____, _____ and codicil(s), if any, has been deposited with the court, or is attached to this petition.

10. It is proposed that all assets of the decedent, including exempt property, be distributed to:

NAME	ASSET	SHARE OR AMOUNT

11. Petitioner(s) waive(s) notice of hearing on this petition and request that the decedent's last will and codicils, if any, be admitted to probate and an order of summary administration be entered directing distribution of the assets in the estate in accordance with the schedule set forth in paragraph 10 of this petition.

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.

SIGNED ON _____, _____.

Signature of Petitioner

Printed Name

Signature of Petitioner

Printed Name

Signature of Petitioner

Printed Name

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT,
IN AND FOR SEMINOLE COUNTY, FLORIDA

IN RE: THE ESTATE OF:
PROBATE DIVISION

CASE NO: _____

Deceased _____/

State of _____

County of _____

AFFIDAVIT OF HEIRS

For purposes of this document, you must list ALL RELATIVES (as indicated below) of the decedent, including yourself, if applicable. If the relative was deceased at the time of the decedent's death, please provide the deceased relative's name, indicate deceased, and approximate date of death. When appropriate you must indicate if the relationship is that of a half-relative (i.e. half-brother or half-sister).

WHO ARE YOU?

1. Name: _____

Address and telephone number: _____
_____.

I am _____ am not _____ related to the decedent as follows: _____.

I have known the decedent for _____ years.

Decedent _____ died on _____.

WHO IS THE DECEDENT'S SPOUSE AT THE TIME OF DEATH?

2. Spouse of the Decedent. Provide name, address and date of birth; or if deceased, provide name, indicate deceased, and approximate date of death.

Spouse Name: _____

Address: _____

Is Spouse Deceased? _____ Yes or _____ No

Date of Birth: _____.

Date of Death: _____.

WHO ARE THE DECEDENT'S CHILDREN AND GRANDCHILDREN?

3.a. Children of the Decedent (Provide name, address and date of birth; or if deceased, provide name, indicate deceased, and approximate date of death). If any children are NOT biologically related to BOTH the decedent and the spouse at the time of death, provide the name of that particular child's other biological parent.

Children Names, Date of Birth, and Addresses:

3.b. List the full name of grandchildren of the Decedent, making sure to provide the name of such grandchild's parents, and include the address and date of birth of each grandchild.

Grandchildren Names, Date of Birth and Addresses:

WHO ARE THE DECEDENT'S PARENTS?

4. Parents of the Decedent. (Provide name, date of birth and address; or if deceased, provide name, indicate deceased, and approximate date of death).

WHO ARE THE DECEDENT'S SIBLINGS?

5. Siblings and descendants of deceased siblings. You must indicate whether the relationship is that of a full sibling or a half-relative (i.e. half-brother or half-sister). (Provide name, date of birth and address; or if deceased, provide name, indicate deceased, and approximate date of death).

6. Aunts and uncles of the Decedent. (Please provide name, date of birth and address; or if deceased, provide name, indicate deceased, and approximate date of death).

Under penalties of perjury, I declare that I have read the foregoing Affidavit of heirs and the facts stated therein are true.

Affiant

Print Name of Affiant

Address of Affiant

State of _____

City of _____

County of _____

Subscribed and sworn before me on _____ (date).

_____ Personally known

Notary Public or Deputy Clerk

_____ Produces identification

Print, type or stamp commissioned
name of Notary or deputy clerk

Type of identification:

IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA.

IN RE: ESTATE OF _____

CASE NO: _____

NOTICE OF CONFIDENTIALITY INFORMATION WITHIN COURT FILING

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(1)(B), by specifying the location within the document on the space provided:

- _____ Chapter 39 records relating to dependency matter, termination of parental rights, guardians as 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.)
- _____ Adoption records. §63.162, Fla. Stat. (If the document is filed within a Chapter 63 adoption case, this form is not required.)
- _____ 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), Fla. Stat. this information is exempt only as of January 1, 2012).
- _____ HIV test result and patient identity within the HIV results. §381.004(2)(e), Fla. Stat.
- _____ 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.
- _____ Birth and death certificates, including court-issued delayed birth certificates and fetal death certificates. §382.008(6) and §382.025(1)(a), Fla. Stat.
- _____ 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.)
- _____ Identifying information in clinical mental health records under the Baker Act. §394.4615(7), Fla. Stat.
- _____ 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.

- _____ Identifying information in clinical records of detained criminal defendants found incompetent to proceed or acquitted by reason of insanity. §916.107(8), Fla. Stat.
- _____ Estate inventories and accountings. §733.604(1), Fla. Stat.
- _____ Victim's address in domestic violence action on petitioner's request. §741.30(3)(b), Fla. Stat.
- _____ Information identifying victims of sexual offenses, including child sexual abuse. §119.071(2)(h) and §119.0714(1)(h), Fla. Stat.
- _____ Gestational surrogacy records. §742.16(9), Fla. Stat.
- _____ Guardianship reports and orders appointing court monitors in guardianship cases. §744.1076 and §744.3701, Fla. Stat.
- _____ Grand jury records. Ch 905, Fla. Stat. (If the document is filed in a Ch. 905 grand jury proceeding this form is not required.)
- _____ Information acquired by courts and law enforcement regarding family services for children. §984.06(3)-(4), Fla. Stat. (If the document is filed in a Ch. 984 family services for children case, this form is not required.)
- _____ Juvenile delinquency records. §985.04(1) and §985.045(2), Fla. Stat. (If the document is filed in a Ch. 985 juvenile delinquency case, this form is not required.)
- _____ Information disclosing the identity of persons subject to tuberculosis proceedings and records of the Department of Health in suspected tuberculosis cases. §392.545 and §392.65, Fla. Stat.
- _____ Complete presentence investigation reports. Fla. R. Crim. P. 3.712.
- _____ Forensic behavioral health evaluations under Chapter 916. §916.1065, Fla. Stat.
- _____ Eligibility screening, substance abuse screening, behavioral health evaluations, and treatment status reports for defendants referred to or considered for referral to a drug court program. §397.334(10)(a), Fla. Stat.

Signature of Petitioner

Printed Name of Petitioner

Note: The clerk of court shall review filings identified as containing information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 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 Rule 2.420.

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR
SEMINOLE COUNTY, FLORIDA, PROBATE DIVISION**

IN RE: ESTATE OF

_____/_____
Deceased

File No. _____

ORDER OF SUMMARY ADMINISTRATION
(without will)

On the petition of _____, for summary administration of the estate of _____, deceased, the court finding that the decedent died on the ____ day of _____, _____, without a will and all interested persons have been served proper notice of the petition and hearing or have waived notice thereof; that the material allegations of the petition are true; and that the decedent's estate qualifies for summary administration and an Order of Summary Administration should be entered, it is

ADJUDGED that:

1. Immediate distribution of the assets of the decedent as follows:

NAME	ASSET	% SHARE, or AMOUNT

2. Those to whom specified parts of the decedent's estate are assigned by this order shall be entitled to receive and collect the same, and to maintain actions to enforce the right.

3. Debtors of the decedent, those holding property of the decedent, and those with whom securities or other property of decedent are registered, are authorized and ordered to comply with this order by paying, delivering, or transferring to those specified parts, set forth herein, of the decedent's estate assigned to them by this order, and those persons shall not be accountable to anyone else for the property.

ORDERED ON _____, _____.

Circuit Judge

(*printed name*)

IN THE _____ COURT OF THE 18TH JUDICIAL
CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA

Plaintiff/Petitioner

Citation #(s): _____

vs.

Case #(s): _____

Defendant/Respondent

**DESIGNATION OF E-MAIL ADDRESS FOR A PARTY NOT REPRESENTED BY AN
ATTORNEY**

****Not to be used in cases governed by the Florida Family Law Rules of Procedure; in cases governed by the Florida Family Law Rules of Procedure, use Florida Supreme Court Approved Family Law Form 12.915****

Pursuant to Fla. R. Gen. Prac. & Jud. Admin. 2.516(b)(1)(C), I, (name) _____, designate the e-mail address(es) below for electronic service of all documents related to this case.

By completing this form, I am authorizing the court, clerk of court, and all parties to send copies of notices, orders, judgments, motions, pleadings, or other written communications to me by e-mail or through the Florida Courts E-filing Portal.

I understand that I must keep the clerk's office and the opposing party or parties notified of my current e-mail address(es) and that all copies of notices, orders, judgments, motions, pleadings, or other written communications in this case will be served at the e-mail address(es) on record at the clerk's office.

(Designated e-mail address) _____

(Secondary designated e-mail address(es) (if any)) _____

CERTIFICATE OF SERVICE

I certify that a copy hereof has been furnished to the Clerk of Court for Seminole County and (insert name(s) and address(es) of parties used for service) _____

by ☐ e-mail ☐ delivery ☐ mail on (date) _____.

(signature)

(printed name)

(e-mail address)

(address)

(phone number)

IN THE CIRCUIT COURT FOR THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR
SEMINOLE COUNTY, FLORIDA

PROBATE DIVISION

IN RE: ESTATE OF

FILE NO: _____

DIVISION: _____

DECEASED

CONSENT AND WAIVER OF NOTICE

The undersigned, whose name is _____
and who has an interest in the estate as _____
acknowledges receipt of a copy of this Petition _____
_____ heretofore filed in this proceeding, waives hearing and notice of
hearing thereon, and consents to the entry of an order granting the relief requested in the petition
without notice of hearing.

Signed on this _____ day of _____, _____.

(SIGN NAME)