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

IN RE: ESTATE OF

Case No. _____

_____

Deceased

PETITION FOR ADMINISTRATION
Intestate (No Will)

Petitioner(s), _____, alleges:

1. Petitioner(s) has/have an interest in the above estate as the _____ of the decedent. Petitioner(s)'s address is _____, and the name and address of petitioner(s)'s attorney are set forth at the end of this petition.
2. Decedent, _____, whose last known address was _____, and the last four digits of whose social security number are _____, died on _____ at _____, in _____ County, Florida. On the date of death, decedent was domiciled in Seminole County, Florida, and died intestate.
3. So far as is known, the names of the beneficiaries of this estate and of the decedent's surviving spouse, if any, their addresses and relationships to decedent, and the years of birth of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP	YEAR OF BIRTH (if Minor)

4. Venue of this proceeding is in this county because it was the county of the decedent's residence at the time of the decedent's death.
5. Petitioner(s), _____, whose address is _____, is qualified to serve as

personal representative of the decedent's estate because he/she/they has not been convicted of a felony, is mentally and physically able to perform the duties of personal representative, is 18 years of age or older, and is/is not a resident of Florida, and is related to decedent as _____ and is qualified to serve as personal representative under the provisions of Florida Statutes, section 733.304.

6. Petitioner(s), _____, has/ have not been convicted in any state or foreign jurisdiction of abuse, neglect or exploitation of an elderly person or a disabled adult as those terms are defined in Florida Statutes section 825.101.
7. The following person has equal or higher preference to be appointed personal representative and will be served with formal notice as indicated:

NAME	SERVED WITH FORMAL NOTICE

8. The nature and approximate value of the assets in this estate are:

NATURE OF ASSETS	APPROXIMATE VALUE
Parcel ID: **Legal Description:**	

9. This estate will not be required to file a federal estate tax return.
10. After the exercise of reasonable diligence, petitioner is unaware of any unrevoked wills or codicils of the decedent.
11. Domiciliary or principal probate proceedings ☐ are ☐ are not known to be pending in another state or country.
    Petitioner(s) requests that _____ be appointed personal representative of the estate 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.
Signed on this _____ day of _____, _20___.

_____
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

☐ Produces identification

Type of identification:
_____

_____
Notary Public or Deputy Clerk

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

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

IN RE: ESTATE OF: File No: _____

_____/

Deceased.

OATH OF PERSONAL REPRESENTATIVE

STATE OF _____

COUNTY OF _____

I, _____, (Affiant), state under oath that:

1. I am qualified within the provisions of sections 733.302, 733.303, and 733.304, Florida Statutes, to serve as personal representative of the estate of _____, deceased. I have reviewed the statutes and understand the qualifications. Under penalties of perjury, I certify that the following statements are true:

a. I am 18 years of age or older.

b. I have never been convicted of a felony.

c. I have never been convicted in any state or foreign jurisdiction of abuse, neglect, or exploitation of an elderly person or a disabled adult, as those terms are defined in section 825.101, Florida Statutes.

d. I am mentally and physically able to perform that duties of personal representative.

e. I am a resident of the State of Florida, or, if I am not a resident of the State of Florida, I am:

☐ a legally adopted child or adoptive parent of the decedent;

☐ related by lineal consanguinity to the decedent; a spouse or a brother, sister, uncle, aunt, nephew, or niece of the decedent, or someone related by lineal consanguinity to any such person; or

☐ the spouse of a person otherwise qualified under one of the provisions above.

2. I will faithfully administer the estate of the decedent according to law.

3. My place of residence is _____, and my post office address is _____.

4. I will promptly file and serve a notice on all interested persons at any time I know that I would not be qualified for appointment and will include the reason I would not then be qualified and the date on which the disqualifying event occurred.

5. I will file and serve a notice within 20 days on all interested persons, in the event there is a change in my residence address, street address, or mailing address.

_____
Affiant

Sworn to (or affirmed) and subscribed before me by means of _____ physical presence or ____ online notarization, this _____ day of _____, 20___, by _____.

_____
Signature of Notary Public-
State of Florida
(Print, Type, or Stamp
Commissioned Name of Notary
Public)

Personally Known _____ or Produced Identification _____

Type of Identification Produced _____

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

IN RE: ESTATE OF FILE No: _____

_____/ DIVISION _____

DECEASED

ORDER APPOINTING PERSONAL REPRESENTATIVE
(intestate—single/multiple)

On the petition of _____ for administration of the estate of _____, deceased, the court finding that the decedent died on _____,_____, and that _____ is entitled to appointment as personal representative of election by majority heirs, and is qualified to be personal representative, it is

ADJUDGED that _____ is appointed personal representative of the estate of the decedent, and that upon taking the prescribed oath, filing designation and acceptance of resident agent, and filing bond in sum of $_____, letters of administration shall be issued.

DONE and ORDERED on _____, _____, 20___ in Chambers in Sanford, Seminole County, Florida.

_____

CIRCUIT JUDGE

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

IN RE: ESTATE OF FILE No: _____

_____/ DIVISION _____

DECEASED

LETTERS OF ADMINISTRATION
(SINGLE/MULTIPLE REPRESENTATIVE)

TO ALL WHOM IT MAY CONCERN

WHEREAS, _____, a resident of Seminole County, Florida, died on _____, _____, owning assets in the State of Florida, and

WHEREAS, _____ has been appointed personal representative of the estate of the decedent and has performed all acts prerequisite to issuance of Letters of Administration in the estate,

NOW, THEREFORE, I, the undersigned circuit judge, declare _____

_____ duly qualified under the laws of the State of Florida to act as personal representative of the estate of _____, deceased, with the full power to administer the estate according to law; to ask, demand, sue for, recover and receive property of the decedent; to pay the debts of the decedent as far as the assets of the estate will permit and the law directs and to make distribution of the estate according to law.

DONE and ORDERED on _____, _____, 20__ in Chambers in Sanford, Seminole County, Florida.

_____

CIRCUIT JUDGE

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

IN RE: ESTATE OF FILE No: _____

_____/ DIVISION _____
DECEASED

NOTICE OF ADMINISTRATION
(intestate)

The administration of the estate of _____, deceased, is pending in the Circuit Court for Seminole County, Florida, Probate Division, the address of which is 190 Eslinger Way, Sanford, FL 32773. The file number for the estate is _____. The estate is intestate.

The name and address of the personal representative are set forth below.

Any interested person of whom a copy of the notice of administration is served must be filed with the court, on or before the date that is 3 months after the date of service of a copy of the Notice of Administration on that person, any objection that challenges the validity of the will, venue or jurisdiction of the court. The 3-month time period may only be extended for estoppel based upon a misstatement by the personal representative regarding the time period within which an objection must be filed. The time period may not be extended for any other reason, including affirmative representation, failure to disclose information, or misconduct by the personal representative or any other person. Unless sooner barred by section 733.212(3), Florida Statutes, all objections to the validity of the will, venue or the jurisdiction of the court must be filed no later that the earlier of the entry of an order of final discharge of the personal representative or 1 year after service of the notice of administration.

Persons who my be entitled to exempt property under section 732.402, Florida Statutes, will be deemed to have waived their rights to claim that property as exempt property unless a petition for determination of exempt property is filed by such persons or on their behalf on or before the later of the date that is 4 months after the date of service of a copy of the notice of administration on such parties or the date that is 40 days after the date of termination of any

proceedings involving the construction, admission to probate, or validity of the will or involving any other matter affecting any part of the exempt property.

Unless an extension is granted pursuant to section 733.2135(2), Florida Statutes, an election to take an elective share must be filed on or before the earlier of the date that is 6 months after the date of service of a copy of the notice of administration on the surviving spouse, an agent under chapter 709. Florida Statutes, or a guardian of the property of the surviving spouse; or the date that is 2 years after the date of the decedent's death.

Under certain circumstances and by failing to contest the will, the recipient of the notice of administration may be waiving his or her right to contest the validity of a trust or other writing incorporated by reference into a will.

_____
Personal Representative

_____

_____
Address

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

IN RE: ESTATE OF FILE No: _____

_____/ DIVISION _____
DECEASED

NOTICE TO CREDITORS

The administration of the estate of _____, deceased, whose date of death was _____, _____, is pending in the Circuit Court for Seminole County, Florida, Probate Division, the address of which is P.O. Box 8099, Sanford, FL 32772-8099. The name and address of the Personal Representative are set forth below.

All creditors of the decedent and other persons having claims or demands against decedent's estate, on whom a copy of this notice is required to be served, must file their claims with this Court ON OR BEFORE THE LATER OF 3 MONTHS AFTER THE TIME OF THE FIRST PUBLICATION OF THIS NOTICE OR 30 DAYS AFTER SERVICE OF A COPY OF THIS NOTICE ON THEM.

All other creditors of the decedent and other persons having claims or demands against decedent's estate must file their claims with this court WITHIN 3 MONTHS AFTER THE DATE OF THE FIRST PUBLICATION OF THIS NOTICE.

ALL CLAIMS NOT FILED WITHIN THE TIME PERIODS SET FORTH IN FLORIDA STATUTES SECTION 733.702 WILL BE FOREVER BARRED.

NOTWITHSTANDING THE TIME PERIODS SET FORTH ABOVE, ANY CLAIM FILED TWO (2) YEARS OR MORE AFTER THE DECEDENT'S DATE OF DEATH IS BARRED.

The date of first publication of this date notice is _____.

Signed on this ____ day of _____, 20____.

_____
SIGNATURE OF PERSONAL REPERSENTATIVE

_____
PRINTED NAME OF PERSONAL REPRESENTATIVE

_____

_____
ADDRESS

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)

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

IN RE: ESTATE OF CASE NO: _____

_____

NOTICE OF CONFIDENTIAL 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 Documents(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.

Reset Form