

**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

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 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.

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

IN RE: ESTATE OF

FILE No: _____

_____/
DECEASED

DIVISION _____

**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 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 DIVISION

IN RE: ESTATE OF

FILE No: _____

_____/
DECEASED

DIVISION _____

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 _____ 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)