



Lydia Gardner
Clerk of the Circuit and County Courts
Orange County • Florida

Probate/Mental Health Division

Dear Sir or Madam:

Please find the attached copy of the Verified Statement for Disposition of Personal Property without Administration. Please complete this form, have it **notarized and sealed**, and return it to the address shown below or appear in person and sign the form in front of a deputy clerk.

We will begin processing your Disposition of Personal Property without Administration upon receipt of the following documents:

1. Completed and notarized (with notary seal) Verified Statement.
2. Copies of funeral bill or receipt showing funeral expenses have been paid in full by the person petitioning. Or copy of funeral bill showing balance due, if applicable.
3. Copy of the assets. (i.e. copy bank statement, insurance policy, stock certificate, check, vehicle registration and blue book value).
4. Copy of the death certificate showing decedent's residence is in Orange County.

*****ALL COPIES WILL BE RETAINED BY THE CLERK*****

The fee to file a Disposition of Personal Property without Administration is **\$231.00** plus **\$6.00** for **each** Authorization prepared by the clerk for **each** fiduciary that needs to release assets. Fees are payable by cash, money order or cashier's check. No personal checks accepted. Checks will only be accepted from an attorney's office. Money orders or cashier's check should be made payable to Lydia Gardner Orange County Clerk of the Court. You may pay with a credit card when present at our office for a convenience fee of \$3.99. All credit cards are accepted except Visa.

For further information you may contact our office at (407) 836-2000.

LYDIA GARDNER
Clerk of the Circuit

Deputy Clerk

IN THE CIRCUIT COURT OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR ORANGE COUNTY, FLORIDA

IN RE: ESTATE OF

_____,
DECEASED

PROBATE NO. 48-_____-CP-00_____-0

**VERIFIED STATEMENT FOR DISPOSITION OF PERSONAL
PROPERTY WITHOUT ADMINISTRATION**

1. The petitioner, _____, alleges:
_____, whose last known address
was _____,
And whose social security number is _____,
Died on _____.
2. () The decedent left no Will.
 () Decedent's Will was deposited with the Clerk
 On the _____ day of _____.
3. The estate consists only of personal property exempt under Section 732.402 of the Florida Statutes, personal property exempt from the claims of creditors under the constitution of the State of Florida and preferred funeral expenses as described below:

<u>Description of Asset(s)</u>	<u>Address</u>	<u>Value</u>

4. Funeral and/or burial expense (statement or receipt attached):

<u>Services by</u>	<u>Address</u>	<u>Amount</u>	<u>Paid or Due</u>

5. Payment or distribution is to be made to:

<u>Name</u>	<u>Address</u>	<u>Property/Asset</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. Petitioner knows of no other assets of the decedent except for:

_____.

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.

Claimant Signature

Address

Telephone No.

Relationship to decedent

Date: _____

Statement obtained by:

Deputy Clerk/Notary Public

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of _____, 20____, by _____.

(seal) _____
Notary Public
My commission expires: _____

Personally Known _____
OR Produced Identification _____
Type of Identification Produced _____.