IN THE CIRCUIT COURT FOR POLK COUNTY, FLORIDA
PROBATE DIVISION

IN RE: ESTATE OF

_____   File No _____

Deceased.   Division: Probate

DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION
Verified Statement

Applicant, _____ ,alleges:

1. Applicant, whose address is _____ is

_____ of _____ , who died at

_____ on _____ a resident of Polk County,

Florida, whose last address was _____ ,and, if

known, whose age was _____ and whose date of birth was _____ .

☐ The decedent left no will.

☐ The decedent's will was deposited with the clerk on _____ .

2. So far as is known, the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationships to decedent, and the dates of birth of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	BIRTH DATE (if minor)

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:

	DESCRIPTION	VALUE
EXEMPT:		

	DESCRIPTION	VALUE
NON-EXEMPT:		

Preferred funeral expenses (statement or receipt attached):

Services by	Amount	Paid or Due

Medical and hospital expenses for the 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

Applicant requests that the Court issue a letter or other writing under the seal of the Court authorizing payment, transfer, or disposition of the property to:

Name	Property	Amount

Under the 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)

Statement made before:

_____
(Name of Applicant)

_____
CLERK/NOTARY

_____
(Address)

_____

Telephone: _____
(Print or Type Names Under All Signature Lines)