

CLERK OF THE CIRCUIT COURT, FOURTH JUDICIAL CIRCUIT, NASSAU COUNTY, FLORIDA

**REQUIREMENTS AND INSTRUCTIONS FOR FILING
DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**

This type of proceeding is used to request release of assets of the deceased to reimburse the person who paid the final expenses (i.e., funeral expenses and medical bills).

Under Section 735.301, Florida Statutes, the property of the deceased must consist only of homestead real property and personal property exempt from claim of creditors (see Section 732.402, Florida Statutes), and non-exempt personal property the value of which does not exceed sum of the amount of the funeral expenses (up to \$6000, see Section 733.707, Florida Statutes) and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness.

A person cannot profit from this type of proceeding. For example, if the funeral bill was \$2,000 and the petitioner paid no medical bills, the amount of the non-exempt property that could be disbursed could not exceed \$2,000.

Qualifications:

1. Deceased must be a resident of Nassau County.
2. Deceased cannot own any non-homestead real property.
3. Person requesting distribution must be entitled to the distribution by law.
4. Qualified expenses must be equal to or more than the non-exempt assets. For example, the funeral bill up to \$6000 must be equal to or more than the bank account balance.
5. Any expenses paid must be out-of-pocket funds. This means that pre-paid funeral plans and medical bills paid by insurance do not qualify.
6. Expenses must be paid by the person seeking to acquire the assets, unless the person who paid the expenses assigns the right to reimbursement to the person filing the petition.
7. If the funeral bill or other qualifying expense is unpaid, the asset will be distributed to the funeral home or medical provider.
8. Cars and household furnishings can only be claimed as exempt property by a surviving spouse or children of the deceased.

Instructions:

The forms may be sworn to before a deputy clerk or a notary public. After completing the forms, file all documents with a deputy clerk in the Civil Department, along with the filing fee. Be sure to complete all blanks on each form. Write "none" or "n/a" if a portion of the petition is not applicable.

All documents will be forwarded to the Judge who will determine if the information provided meets the criteria. If the criteria are met, the Judge will sign a letter directing the institution to pay the money to the person who paid the funeral bill. The original letter signed by the Judge will be sent to the financial institution and a copy of the letter will be mailed to the petitioner.

DOCUMENTS NEEDED AT TIME OF FILING:

1. **Verified Statement for Disposition of Personal Property Without Administration – notarized.**
2. **Original or Certified Copy of the Death Certificate.**
3. **Copy of paperwork showing the asset – copy of stock, bank statement, 401K, etc.**
4. **Original Will – If the deceased had a will, the original must be filed with the Verified Statement, unless previously filed.**
5. **Copy of the funeral bill showing total amount due and, if paid, receipt showing who paid the bill.**
6. **Copies of the hospital or doctor bills that pertain to the last 60 days prior to death and, if paid, receipt showing who paid.**
7. **Consent to Disposition of Personal Property from any additional heirs with address and notarized signature, or death certificate, if applicable.**
8. **An Affidavit stating that the deceased was never married and did not have children, if applicable.**

Filing Fee: \$231.00 (or current filing fee), payable to Nassau County Clerk of Court.

Return to: Nassau County Clerk of Court
Civil Department
76347 Veterans Way
Yulee, Florida 39027
904-548-4606

OR

Nassau County Clerk of Court
Historic Courthouse
416 Centre Street
Fernandina Beach, Florida 32034
904-491-6430

Office Hours: Monday through Friday 8:30 am to 5:00 pm

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA**

IN RE: ESTATE OF

_____ Case No. _____
Deceased

Disposition of Personal Property Without Administration
Verified Statement

Petitioner, _____ alleges:

1. Petitioner, whose address is _____,

is the _____, of _____
(Relationship to deceased) (Name of deceased)

who died at _____, on _____, a resident of Nassau County,
(county/state) (date)

whose last known address was _____

and, if known, whose age was _____ and whose social security number is _____.

[] The deceased left no will.

[] The deceased's will was deposited with the Clerk on _____.

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

NAME	ADDRESS	RELATIONSHIP	BIRTHDATE (if minor)
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. The estate of deceased consists only of personal property exempt from the claims of creditors under 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 (up to \$6000.00) and reasonable and necessary medical and hospital expenses of the last 60 days of the deceased's last illness, all being as follows:

A. Exempt Property: List automobiles used by the deceased or members of the deceased's immediate family, household furniture and furnishings not to exceed \$20,000.00 in value, Florida prepaid college tuition, and other items of personal property not to exceed \$1,000.00 in value.

Description	\$Value

B. Non-Exempt Property: List all other items of personal property owned by the deceased and their estimated value. Include the balance of items such as stocks, bonds, and accounts that exceed the \$1,000.00 value from above and other items of the deceased (not to exceed value of funeral expense up to \$6000.00, or medical expenses).

Description of Asset (Include Financial Institution Name & Address)	Account Number	\$ Amount
		\$ _____
		Total B

EXPENSES

C. FUNERAL: Preferred funeral expenses (statement or receipt attached) List funeral, interment and grave marker expenses, including a marker, of up to \$6000.00, including the name of the services provider and whether the bill has been paid.

Services By	Type of Service	Amount Paid	Paid or Due
			\$ _____
			Total C

D. MEDICAL: Medical and hospital expenses for last 60 days of last illness (statement or receipt attached): List the provider and amount of all medical and hospital expenses during the deceased's last 60 days of the last illness, and whether the bill has been paid.

Services By	Type of Service	Amount	Paid or Due
			\$ _____
			Total D
Total of Items Listed in Properties – Line B		\$ _____	
Total of Items Listed in Funeral/Medical – Lines C & D		\$ _____	

IF THE TOTAL OF NON-EXEMPT PROPERTIES (B) IS MORE THAN THE TOTAL OF FUNERAL AND MEDICAL EXPENSES (C & D), DO NOT CONTINUE as you are NOT eligible for Disposition Without Administration.

If the **TOTAL OF LINE B** is LESS THAN OR EQUAL TO the **TOTAL OF FUNERAL AND MEDICAL EXPENSES (C& D)**, proceed with completion of this form.

E. OTHER DEBTS of deceased: List all other people or businesses to which the deceased owed money and the amount owed.

Creditor	Goods/Services (How Incurred)	\$Amount

4. REQUESTED PAYMENT OR DISTRIBUTION TO: Exempt property should be listed and is to go to the deceased's spouse, if any and, if not, to the deceased's children. Payment or reimbursement of funeral and medical expenses and/or debts of deceased to be distributed directly to the funeral home or medical provider, etc., or reimbursed to person who paid the bill. Any remaining personal property is to go to the deceased's beneficiaries.

Name	Property/Asset to be Transferred	\$Amount or Value
		\$ _____
		Total Distribution

I know of no other assets or debts of the deceased except:

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.

Statement made before:

Signature

Printed Name

Phone #

Sworn and subscribed to before me this _____ day of _____, 20____, who is _____ personally known to me or _____ produced identification - type shown _____.



Deputy Clerk or Notary

My commission expires:

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA**

IN RE: ESTATE OF

 Deceased

Case No. _____

CONSENT TO DISPOSITION OF PERSONAL PROPERTY

The undersigned consents to _____, the Petitioner,
receiving the following property:

Description of Asset (Include Financial Institution Name & Address)	Account Number	\$ Amount
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_____	_____	_____
_____	_____	_____
_____	_____	_____

and waives all claims, right, title, and interest in said property.

Sworn and subscribed to before me this _____ day of _____, 20____, who is _____ personally known to me
or _____ produced identification - type shown _____.

Statement made before:

(Signature)

Deputy Clerk or Notary



My commission expires:

(Print Name)

(Address)

**IN THE CIRCUIT COURT OF THE FOURTH JUDICIAL CIRCUIT
IN AND FOR NASSAU COUNTY, FLORIDA**

IN RE: ESTATE OF

Deceased

Case No. _____

AFFIDAVIT

Comes now, the Petitioner of the above-entitled estate, and shows the Court as follows:

1. That the petitioner is qualified and entitled to receive the asset(s) requested in the petition, and that
2. At the time of death, the deceased was unmarried, and deceased had no living children, adopted or natural.

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.

Sworn and subscribed to before me this _____ day of _____, 20____, who is _____ personally known to me or _____ produced identification - type shown _____.

Statement made before:

(Signature)

Deputy Clerk or Notary



My commission expires:

(Print Name)

(Address)

CHECKLIST FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT
ADMINISTRATION

- | | |
|---|------------------|
| 1. Death Certificate Filed | Yes_____ No_____ |
| 2. Deceased is a Resident of Nassau County | Yes_____ No_____ |
| 3. Interested Persons named in Petition | Yes_____ No_____ |
| 4. Petition Verified | Yes_____ No_____ |
| 5. Deceased own any Non-homestead Real Property | Yes_____ No_____ |
| 6. Value of Property in Estate not including cars and household furnishings | \$_____ |
| 7. Amount of Expenses: Paid \$_____ Unpaid \$_____ | |
| 8. Disposition of Property Correct | Yes_____ No_____ |
| 9. Petition Signed by all Interested Parties | Yes_____ No_____ |
| 10. Original Will Filed | Yes_____ No_____ |
| 11. Will Self Proving | Yes_____ No_____ |
| 12. Affidavit of Qualification | Yes_____ No_____ |
| 13. Consent Signed by all Heirs | Yes_____ No_____ |
| 14. Statement Regarding Credits | Yes_____ No_____ |

Case Number_____ Case Name_____

I have reviewed the file and completed the Checklist in this matter. Everything on the checklist is accounted for and proposed Orders are now proper to be sent to the Judge's Office.

Attorney/Filer Signature_____

Printed Name_____ Date_____

Additional Information or Comments
