**CLERK OF THE CIRCUIT COURT**

**PROBATE DIVISION, FLAGLER COUNTY, FLORIDA**

**IN RE: Estate of Case No: \_\_\_\_\_\_\_\_\_\_ CP 000 \_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division: 48**

**ANCILLARY ADMINISTRATION – APPOINTING PERSONAL REPRESENTATIVE (TESTATE & INTESTATE)** F.S. 733.202 & 734.102 and FL Probate Rules 5.200 & 5.470

**Petitioner’s Info: Rule 5.200(a)** **Decedent Info: Rule 5.200 (b)**

Name & Address Name & Address

Name & Office Address of Attorney Date of Death

Sworn to & Signed by Petitioner(s) State & County of domicile

Last 4 digits of Social Security Number

**Heirs & Beneficiaries and Marital Status: Rule 5.200 (c) Other Information required by Statute or Rule**

Beneficiaries listed in the Will (if Testate) & heirs at law Statement to show venue

Address for Beneficiaries & Heirs State the approximate value & nature of assets

State their relationship State whether domiciliary or principal proceedings are

pending elsewhere

Provide birth year for Minors N/A  YES NO

**Rule 5.470 – Authenticated Copies from Domiciliary Estate** (If a petition is not required in the domiciliary estate this must be documented by affidavit or certificate)

**Testate**: Petition of Dom. Proceeding, Will, Order Admitting Will & authority of PR YES NO

**Intestate**: Petition & authority of PR YES NO

Is a **Death Certificate** for the decedent filed? YES NO

If appointment of someone other than the domiciliary personal representative is requested, a statement of the facts constituting grounds on which appointment is sought (Rule 5.470(3)) N/A YES NO

Does the name on the death certificate match what is written in the case style YES NO

**Required Information Regarding Personal Representative - Effective 11/4/2021 (this should be in the petition)**

Contain the name and address of P.R. and state that they are qualified to serve under FL law

State priority of person/business seeking to be P.R.

Whether there is any other person of equal or higher preference to appointment

If yes, the name(s) of that person(s) **and** a statement regarding whether that person will be served with formal notice (Rule 5.200(k)).

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Statement if the Personal Representative is a:

Individual or Business

\*if the Personal Representative is an individual:

State whether the person is 18 years of age or older

State whether they have been convicted of a felony

State whether the person has 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 F.S. 825.101

State whether the person is mentally and physically able to perform duties

State if the person is a resident of Florida and, if not, provide the relationship to the decedent.

**Required Information Regarding Oath of Personal Representative 5.320 - Effective 1/1/2020**

Is qualified to serve within provisions of sections 733.302, 733.303, and 733.304

State that the person has reviewed the statutes and understand the qualification of being the PR

State whether the person is 18 years of age or older

State whether they have been convicted of a felony

State whether the person has 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 F.S. 825.101

State whether the person is mentally and physically able to perform duties

State if the person is a resident of Florida and, if not, provide the relationship to the decedent.

Will faithfully administer the estate

Provide the Personal Representative’s place of residence and mailing address (if different)

State that they will promptly file and serve notice on all interested persons any time I know that I would not be qualified to serve as PR with the reason and date the event occurred.

State that if the PR changes their address, they will serve notice on all interested persons within 20 days

Designate a resident agent w/signed acceptance by agent.

**Bond, F.S. 734.102 (4)**

If Testate, waived in Will; or, intestate, waived by all heirs?  YES NO

**Order Appointing Personal Representative and Letters of Administration**

**Testate** – does the order admitting the Will contain the correct date of the Will?

Does the proposed Letters of Administration name the correct person as PR?

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I have personally reviewed the documents filed in this matter and that the foregoing check sheet is accurate.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney of Record Clerk Staff