**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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[ ] 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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