**CLERK OF THE CIRCUIT COURT**

**PROBATE DIVISION, FLAGLER COUNTY, FLORIDA**

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

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

**TESTATE SUMMARY ADMINISTRATION – F.S.735.201 & Rule 5.530**

# Petitioner’s Decedent Atty. or ProSe Info.

* Name & address ☐Name & address ☐Name & address
* Name & office address of attorney ☐Date of death ☐Phone number
* Sworn to & signed by petitioner ☐State & county of domicile ☐FL Bar number
	+ Last 4 digits of Soc. Sec. number ☐Signed as attorney

# Beneficiaries/Heirs at Law

* Beneficiaries in Will, Codicil, & Separate Writing
* Beneficiaries/Heirs relationship to decedent
* Year of birth for Minor beneficiary/heir

# Assets

* Detail approximate value & nature of each asset
* Separately list homestead & exempt assets
* Describe each asset with the name of the person to whom it is to be distributed

# Information about the Will

* Identify all unrevoked Wills & codicils being presented for probate
* State the petitioner(s) is unaware of any other unrevoked Will
* Will is proved, ***or***
* Oath of Witness completed
* Proof of Will by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Court to appoint a Commission to take Oath

# Additional Information Required by Rule or Statute

* Statement about Venue
* State whether or not domiciliary proceedings are pending in another state or county
* Provide the name & address of foreign PR when proceedings are pending
* Statement that the decedent’s Will does not direct administration as required by F.S. 733
* Facts that the petitioner is entitled to Summary Administration

¨ Value is less than $75,000 ***or***¨ the decedent has been dead more than 2 years

# Creditors

* State that all creditor claims are barred; **or** ¨that after diligent search and inquiry for any known or reasonably ascertainable creditors has been made and **one of the following:**
* ☐the estate is not indebted
* ☐Name & address of each creditor, nature & amount of debt

If full payment of the debt is not listed in the Order of Summary Administration the petition must show:

* + The name of who will pay the debt
	+ Creditors consent to substitution or assumption of the debt
	+ The terms for payment and limitation of liability on the person paying the debt

# Death Certificate – Rule 5.205(a)(3) Note: The name on the death certificate must match the name provided for the decedent on the documents within the case file.

* Death certificate for decedent is filed
* Decedent’s name on the death certificate does not match the name on the forms for administration. Please refer to notes section on this form.

# Notice – Service is not required on any beneficiary who will receive full distribution in the proposed schedule of distribution. Any beneficiary and any known or reasonably ascertainable creditor not joining or consenting must receive formal notice of this petition.

* Is not required
* Formal notice is required and Proof of Service for all entitled has been filed
* There is a question regarding notice, please refer to the note section

# Order Admitting Will

* The date in the Order Admitting Will agrees with the date as it appears on the Last Will & Testament
* Order admitting will is provided or is in the summary order

# Order of Summary

* Describe the assets and **specifically designate** the person to whom each asset is to be distributed
* When required – make provision for payment of debts as outlined in Probate Rule 5.530 (9)
* See Notes Below
* **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