

**IN THE CIRCUIT COURT OF THE FIFTEENTH JUDICIAL CIRCUIT,  
IN AND FOR PALM BEACH COUNTY, FLORIDA  
PROBATE DIVISION**

**CHECKLIST FOR PETITION FOR SUMMARY ADMINISTRATION OF  
TESTATE ESTATE**

This checklist shall be completed and e-filed with your Petition. **Please review and sign the applicable certification clause at the end of the checklist prior to submitting it with your Petition. If any of the items below are not checked, please complete “Certification B.”**

Completing and e-filing this Checklist does not remove any additional obligations imposed by rule or statute.

CASE NUMBER: \_\_\_\_\_ in Re Estate of: \_\_\_\_\_

<input type="checkbox"/>	<b>A copy or digitized copy of the death certificate (do not redact social security number) was filed. Fla. Stat. §731.103(1); Fla. Prob. R. 5.205(a), 5.171</b>
<input type="checkbox"/>	A copy of the original will or codicil was e-filed and the original will/codicil was deposited with the Palm Beach County Clerk of Court;
	<b>OR</b>
<input type="checkbox"/>	The original will/codicil cannot be located, a Petition to Establish a Lost or Destroyed Will/Codicil was filed, and those who would take but for the will/codicil have consented to the Petition to Establish a Lost or Destroyed Will/Codicil or have been formally noticed and proof of formal notice has been filed <b>AND</b> the Petitioner filed an Affidavit of Heirs.
<input type="checkbox"/>	The decedent was a Florida resident and the will/codicil is self-proven under the laws of Florida. If the will/codicil is not self-proven, an oath of witness was executed in front of a Clerk of the Court, Commissioner, or Judge and the oath was filed with the Petition; (NOTE: a notary stamp is insufficient.)
	<b>OR</b>
<input type="checkbox"/>	If the will/codicil is not self-proved under the laws of Florida and the decedent is a Florida resident but the will was executed in another jurisdiction/outside the state of Florida, and an affidavit was filed demonstrating that the will/codicil was executed in conformity with the laws of the state or country where the will was executed and a copy of that state or country’s applicable statutes (self-proof and notary) is provided.
	<b>OR</b>
<input type="checkbox"/>	The decedent was not a Florida resident, and an affidavit was filed demonstrating that the will/codicil was executed in conformity with the laws of the state or country where the will was executed and a copy of that state or country’s applicable statutes (self-proof and notary) is provided.

<input type="checkbox"/>	The Petitioner submitted proof of payment of the decedent's reasonable and necessary medical bills from the last 60 days of the decedent's last illness. <sup>i</sup>
	<b>OR</b>
<input type="checkbox"/>	If there are no such expenses, Petitioner has stated so in the Petition.
<input type="checkbox"/>	The Petitioner submitted proof of payment in full of the decedent's reasonable funeral expenses. <sup>ii</sup>
<input type="checkbox"/>	The Petition includes: (a) the name and address of the decedent's surviving spouse (if any); (b) the names and addresses of the decedent's beneficiaries and their relationship to the decedent; (c) if any beneficiary is a minor the year of birth is included.
<input type="checkbox"/>	The Petition includes a statement showing venue.
<input type="checkbox"/>	The Petition includes a statement specifying whether there are domiciliary or principal proceedings from another state or country.
<input type="checkbox"/>	The Petition demonstrates the eligibility for summary administration (i.e., the decedent died over 2 years ago or the value of the estate, less exempt property, does not exceed \$150,000).
<input type="checkbox"/>	The Petitioner is a beneficiary or a person nominated as personal representative in the decedent's will offered for probate.
<input type="checkbox"/>	The Petition includes a statement that the decedent's will does not direct administration as required by Probate Rule 5.530.
<input type="checkbox"/>	The Petition specifically describes the assets to be distributed, and includes values for each asset (e.g., name and address of the financial institution and the associated account number(s), legal property descriptions, etc.)
<input type="checkbox"/>	<b>Pro-se Petitioners only:</b> The Petition specifically describes the assets to be distributed, and includes values for each asset (e.g., name and address of the financial institution and the associated account number(s), legal property descriptions, etc.). Include proof of assets to be distributed, dated after the date of death (ex. Bank statement, car title, etc.)
<input type="checkbox"/>	The Petition states that a diligent search for creditors was conducted and acknowledges the penalty for failing to make a diligent search.
<input type="checkbox"/>	<b><u>No claims have been filed against the estate.</u></b>
	<b>OR</b>
<input type="checkbox"/>	<b><u>If claims have been filed against the estate:</u></b>
	<input type="checkbox"/> The creditor's claims have been stricken, or are otherwise barred by statute;
	<b>OR</b>
	<input type="checkbox"/> Provision for payment of outstanding debt has been made to the extent that assets are available;
	<b>OR</b>
	<input type="checkbox"/> There are insufficient assets to satisfy the outstanding claims, and formal notice of the Petition was served on the outstanding creditors.
<input type="checkbox"/>	All beneficiaries under the will offered for probate have received formal notice of the petition and the proposed distribution;

<input type="checkbox"/>	<b>OR</b>
<input type="checkbox"/>	The Petitioner has filed notarized consents from all the beneficiaries under the will offered for probate.
<input type="checkbox"/>	The proposed order includes the correct distribution of assets as directed by the will offered for probate.
<input type="checkbox"/>	<b><u>A trust is not a beneficiary of the decedent.</u></b>
	<b>OR</b>
<input type="checkbox"/>	<b><u>If a trust of the decedent is a beneficiary of the will offered for probate:</u></b>
	<input type="checkbox"/> Every trustee of the decedent's trust is also a Petitioner for summary administration, and the Petitioners filed a disclosure of qualified trust beneficiaries and served each qualified beneficiary of the trust formal notice of the Petition or notarized consents.
	<b>OR</b>
	<input type="checkbox"/> At least one trustee of the decedent's trust is not a Petitioner for summary administration.
<input type="checkbox"/>	<b><u>The estate contains no real property of the decedent.</u></b>
	<b>OR</b>
<input type="checkbox"/>	<b><u>The estate contains real property of the decedent, and:</u></b>
	<input type="checkbox"/> The Petitioner is claiming the decedent's real property is homestead, and a Petition to Determine Homestead has been filed;
	<b>OR</b>
	<input type="checkbox"/> The Petitioner is not claiming homestead protection for the real property.

**Please complete the Certification that applies to your filing (either Certification A or Certification B). If the Petitioner is represented by counsel, only counsel must complete the applicable Certification Clause. If the Petitioners is pro se then the applicable Certification must be completed by the Petitioner.**

**CERTIFICATION A:**

The undersigned Petitioner  (print name) \_\_\_\_\_ /Attorney  (print name) \_\_\_\_\_ certifies that he/she has reviewed the information necessary to support the Petition for Summary Administration of Testate Estate. The Petitioner  /Attorney  further certifies that all the required information was previously filed or filed concurrently with the Petition. The Petitioner  /Attorney  acknowledges that the Petition will not be reviewed by Court staff until the necessary information has been accepted into the OLS

and/or e-filing system. The Petitioner /Attorney  further acknowledges that a hearing may be required to process the Petition.

Petitioner's signature: \_\_\_\_\_

Signed on \_\_\_\_\_, 20\_\_\_\_

**OR**

Attorney's signature: \_\_\_\_\_

Signed on \_\_\_\_\_, 20\_\_\_\_

**CERTIFICATION B:**

The undersigned Petitioner  (print name) \_\_\_\_\_ /Attorney  (print name) \_\_\_\_\_ certifies that he/she has reviewed the information necessary to support the Petition for Summary Administration of Testate Estate. The Petitioner  /Attorney  certifies that, after a diligent search and reasonable effort, the Petitioner  /Attorney  was unable to submit the following information for the following reasons:

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

The Petitioner /Attorney  acknowledges that a hearing may be required concerning the deficiency.

Petitioner's signature: \_\_\_\_\_

Signed on \_\_\_\_\_, 20\_\_\_\_

**OR**

Attorney's signature: \_\_\_\_\_

Signed on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
<sup>i</sup> Not required if the decedent has been dead for more than 2 years.

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<sup>ii</sup> Not required if the decedent has been dead for more than 2 years.