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 INTESTATE 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:______

died over 2 years ago or the value of the estate, less exempt property, does not exceed \$75,000). The Petitioner is a beneficiary of the estate. 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. The Petition states that, after a reasonably diligent search, the Petitioner is unaware of any unrevoked wills or codicils. The Petition specifically describes the assets to be distributed, and includes values for	The Petitioner submitted proof of payment of the decedent's reasonable and necessary
If there are no such expenses, Petitioner has stated so in the Petition. The Petitioner submitted proof of payment in full of the decedent's reasonable funeral expenses. ⁱⁱ The Petitioner filed an Affidavit of Heirs. The Petition includes a statement showing venue. The Petition includes a statement specifying whether there are domiciliary or principal proceedings from another state or country. 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 \$75,000). 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. 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.) Pro-se Petitioners Only: 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,	medical bills from the last 60 days of the decedent's last illness. ¹
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all the intestate beneficiaries. tors was conducted and acknowledg
1, or are otherwise barred by statute;
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n, or are otherwise barred by statute;
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ebt has been made to the extent that
he outstanding claims, and formal outstanding creditors.
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cedent.
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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) (print name) certifies that he/she has reviewed the information necessary to support the Petition for Summary Administration of Intestate Estate. The Petitioner

 \Box /Attorney \Box further certifies that all the required information was previously filed or filed concurrently with the Petition. The Petitioner \Box /Attorney \Box 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 \Box /Attorney \Box 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))/Attorn	ney 🗆 (print			
name)	certifies that he/she has reviewed the in	formation			
necessary to support the Petition for Sumr	mary Administration of Intestate Estate.	The Petitioner			
\Box /Attorney \Box certifies that, after a diligent search and reasonable effort, the Petitioner \Box					
/Attorney □ was unable to submit the foll	lowing information for the following rea	sons:			

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

Petitioner's signature:

Signed on_____, 20____

OR

Attorney's signature:_____

Signed on_____, 20____

ⁱ Not required if the decedent has been dead for more than 2 years. ⁱⁱ Not required if the decedent has been dead for more than 2 years.