

FOURTH JUDICIAL CIRCUIT
CLAY COUNTY FLORIDA

JUDGE JAMES E. KALLAHER PROBATE DIVISION

CHECKLIST FOR SUMMARY ADMINISTRATION

This checklist shall be completed and e-filed prior to submission of the Order for Summary Administration. Completing and e-filing this Checklist does not remove any additional obligations imposed by rule or statute.

ESTATE OF: _____ CASE NO.: _____

DATE OF DEATH: _____

RELATED CASES: _____

Testate _____ Docket # of Order Admitting Will: _____
Intestate _____
Ancillary _____

Docket # of Death Certificate: _____

Personal Representative:

Testate Estate:	Named in Will	_____	Waivers	_____
	Selected by Majority	_____		
Intestate Estate:	Spouse	_____	Waivers	_____
	Selected by Majority	_____		
	Nearest Heir	_____		

Affidavit of Heirs filed? Yes ____ No ____

Non-Exempt Estate Value: < \$150,000 ____
≥ \$150,000 ____

Docket # or Order Determining Homestead Exemption: _____

Petition for Summary Administration (§735.203, Fla. Stat.)

Verified Yes ____ No ____
Does Will require formal administration? Yes ____ No ____
Did Decedent die more than 2 years ago? Yes ____ No ____
Surviving Spouse? Yes ____ No ____
If yes, Name: _____

Has Surviving Spouse Signed Petition Yes___ No___

Names of All Beneficiaries and Relationship to Decedent

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>DOB(if minor)</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

(Use additional sheet if necessary)

Other Interested Parties (Including Creditors and Nature of Interest

	<u>Name</u>	<u>Address</u>	<u>Relationship</u>	<u>DOB(if minor)</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

(Use additional sheet if necessary)

Have all Beneficiaries and Interested Parties been given notice of the petition for Summary Administration? Yes ___ No ___

If notice has not been given, have consents or waivers been obtained from each been filed? Yes ___ No ___

NOTICE TO CREDITORS (if creditors exist or Decedent is dead less than 2 years)?
Yes ___ No ___ N/A ___

Date of first publication: _____

Claims Period expiration date: _____

Claims filed? Yes ___ No ___

If yes, how many? _____

All claims resolved? Yes ___ No ___

(if no, attach sheet explaining how claims will be resolved.)

I hereby certify that I have personally reviewed the foregoing Checklist for Summary Administration and that the information provided herein is true and correct.

Dated this ____ day of _____, 20__

Name: _____

Florida Bar No. _____

Mailing Address: _____

Telephone No. _____

E-mail _____