



# Angelina “Angel” Colonnese

CLERK OF THE CIRCUIT COURT AND COMPTROLLER OF MANATEE COUNTY

1115 Manatee Avenue West, Bradenton, Florida 34205 - Phone (941) 749-1800 – Fax (941) 741-4082  
P.O. Box 25400, Bradenton, Florida 34206 - [www.manateeclerk.com](http://www.manateeclerk.com)

## Disposition of Personal Property without Administration

To obtain a Disposition of Personal Property without Administration, you must file the completed forms as follows:

- Disposition without Administration Petition – 3 pages, notarized (required)
- Certified Death Certificate (required)
- Original Will – If the decedent had a will, the original has to be filed with the verified statement, unless previously filed.
- Copy of funeral bill.
- Copy of paperwork showing asset – copy of stock, bank statement, etc. - **not to exceed the sum of \$10,000 pursuant to statute.** (required)
- Copy of last 60 days of medical expenses with receipts.
- Consents of any additional heirs with address and notarized signature, death certificate, if applicable.
- For current filing fee, please see Fee Schedule at [www.manateeclerk.com](http://www.manateeclerk.com).

### When filling out the Petition:

- Print the decedent’s name after the words “In Re:”
- Print your name and address, as well as all other required information.
- Check correct box indication that either there is no will, or that you are filing it at this time.
- List beneficiaries (heirs) in descending order at item no. 2; you may use the back of the form, indicate on the front of the form that you have done so.
- Attach a copy of the paid funeral bill and the last 60 days medical expenses and receipts showing payment. (If the asset is needed to pay the bill, the order can reflect that the proceeds go directly to the funeral home.)

The forms may be sworn to before the deputy clerk or a notary public. After completing the forms, file all documents with the clerk along with the filing fee. **The clerk will provide a copy to you for a fee with the case number and date of filing. Pursuant to statute this copy must be mailed to the Agency for Health Care Administration.** All documents will be forwarded to the judge. If granted, two certified copies of the Order to Disburse or Transfer Assets will be provided to you. The certified copies are to be presented by you to the financial institution.

“Pride in Service with a Vision to the Future”

Clerk of the Circuit Court – Clerk of Board of County Commissioners – County Comptroller – Auditor and Recorder

IN THE CIRCUIT COURT IN AND FOR MANATEE COUNTY, FLORIDA

IN RE: ESTATE OF

PROBATE DIVISION

File Number \_\_\_\_\_

\_\_\_\_\_  
(Decedent's Name)

**Disposition of Personal Property without Administration  
Affidavit**

Petitioner alleges:

1. Petitioner, whose name and address are \_\_\_\_\_

\_\_\_\_\_  
and whose Social Security number is \_\_\_\_\_, is \_\_\_\_\_ (relationship to  
decedent) of \_\_\_\_\_ (decedent),

who died at \_\_\_\_\_ on the \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_, a resident of  
\_\_\_\_\_, whose last known address was

\_\_\_\_\_, and whose age, if known, was  
\_\_\_\_\_ and whose Social Security number is \_\_\_\_\_.

The decedent left no will

The decedent's will was deposited with the Clerk on \_\_\_\_\_, 20\_\_.

2. So far as is known, the names of the beneficiaries of decedent's estate and of the decedent's surviving spouse, if any, their addresses and relationship to decedent, and the ages of any who are minors are:

NAME	ADDRESS	RELATIONSHIP	AGE (Birth Date if Minor)

3. The estate of decedent consists only of personal property exempt from the claims of creditors under the Constitution of Florida, and non-exempt personal property the value of which does not exceed the sum of the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the decedent's last illness, all being described as follows:

EXEMPT:	Description	Value

NON-EXEMPT:	Description	Value

Preferred funeral expenses (statement or receipts attached):

Services by	Amount	Paid or Due

Medical and hospital expenses for last 60 days of last illness (statement or receipts attached):

Services by	Type of Service	Amount	Paid or Due

Other debts of decedent:

Creditor	Goods or Services (How incurred)	Amount

Requested payment of distribution to:

Name	Property	Amount or Value

I know of no other assets or debts of the decedent except: \_\_\_\_\_

Under penalties of perjury, I declare that I have read the foregoing and the facts alleged are true, to the best of my knowledge and belief. **I also declare that pursuant to statute, if the decedent was over the age of 55, I have served a copy of this statement upon the Agency for Health Care Administration (see instructions for mailing address).**

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Address of Petitioner)

\_\_\_\_\_  
(Telephone)

\_\_\_\_\_  
(Email Address of Petitioner)

Subscribed and sworn to (or affirmed) before me on \_\_\_\_\_ by \_\_\_\_\_.  
(date) (name of affiant, deponent or other signer)

He/she is personally known to me or has presented \_\_\_\_\_ as identification.

\_\_\_\_\_  
Signature of person taking acknowledgment

-- OR --  
Angelina Colonnese,  
Clerk of Circuit Court  
P. O. Box 25400, Bradenton, FL

\_\_\_\_\_  
Name of Acknowledger typed, printed or stamped

By: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Title

(seal) Commission Number & Expiration Date

\_\_\_\_\_, \_\_\_\_\_

IN THE CIRCUIT COURT IN AND FOR MANATEE COUNTY, FLORIDA

IN RE: \_\_\_\_\_  
Deceased

Case number: \_\_\_\_\_  
Probate: Division

**CONSENT TO DISPOSITION OF PERSONAL PROPERTY**

I, \_\_\_\_\_, as \_\_\_\_\_, of the  
(beneficiary) (relationship)  
decedent, do agree to the distribution of assets as listed below and in the Petition for

Distribution of Personal Property without Administration filed by \_\_\_\_\_.  
(petitioner)

Description of Asset	Account Number	Dollar Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who \_\_\_ is  
personally known or \_\_\_ produced identification.  
Type of identification produced \_\_\_\_\_.

Statement made before:  
\_\_\_\_\_  
(Deputy Clerk or Notary)

\_\_\_\_\_  
(Signature)  
\_\_\_\_\_  
(Print Name)

My commission expires:

\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State, Zip Code)  
\_\_\_\_\_  
(Telephone)

## Florida Statutes --

### 735.301 and 735.304 Disposition of Personal Property without Administration -

- (1) No administration shall be required or formal proceedings instituted upon the estate of a decedent leaving only personal property exempt under the provisions of s. 732.402, personal property exempt from the claims of creditors under the Constitution of Florida, and nonexempt personal property the value of which does not exceed the sum of the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses of the last 60 days of the last illness.
- (2) Upon informal application by affidavit, letter, or otherwise by any interested party, and if the court is satisfied that subsection (1) is applicable, the court, by letter or other writing under the seal of the court, may authorize the payment, transfer or disposition of the personal property, tangible or intangible, belonging to the decedent to those persons entitled.
- (3) Any person, firm or corporation paying, delivering, or transferring property under the authorization shall be forever discharged from any liability thereon.
- (4) The affidavit must be served in the manner of formal notice upon all heirs at law who have not joined in the affidavit; upon all known or reasonably ascertainable creditors of the decedent; and, if the decedent at the time of death was over the age of 55 years of age, upon the Agency for Health Care Administration.

### 732.402 Exempt Property

- (1) If a decedent was domiciled in Florida at the time of death, the surviving spouse, or, if there is no surviving spouse, the children of the decedent shall have the right to a share of the estate of the decedent as provided in this section, to be designated exempt property.
- (2) Exempt Property shall consist of:
  - (a) Household furniture, furnishings, and appliances in the decedent's usual place of abode up to a net value of \$10,000 as of the date of death; and
  - (b) All automobiles held in the decedent's name and regularly used by the decedent or members of the decedent's immediate family as their personal automobiles.
- (3) Exempt property shall be exempt from all claims against the estate except perfected security interests thereon.
- (4) Exempt property shall be in addition to any property passing to the surviving spouse or heirs of the decedent under s. 4, Art. X of the Florida Constitution or the decedent's will or by intestate succession, electives share, or family allowance.
- (5) Property specifically or demonstratively devised by the decedent's will to any devisee shall not be included in exempt property. However, persons to whom property has been specifically or demonstratively devised and who would otherwise be entitled to it as exempt property under this section may have the court determine the property to be exempt from claims, except for perfected security interests thereon, after complying with the provisions of subsection (6).
- (6) Persons entitled to exempt property shall be deemed to have waived their rights under this section unless a petition for determination of exempt property is filed by or on behalf of the persons entitled to the exempt property within 4 months after the date of the first publication of the notice of administration or within 40 days from the date of termination of any proceeding involving the construction, admission to probate, or validity of the will or involving any other matter affecting any part of the estate subject to this section.

## Florida Rules of Civil Procedure

### Rule 5.420 Disposition of Personal Property without Administration.

- (a) **Application.** An interested person may request a disposition of the decedent's personal property without administration. An application signed by the applicant shall set forth the following information:
  - (1) the description and value of the exempt property;
  - (2) the description and value of the other assets of the decedent;
  - (3) the amount of preferred funeral expenses and reasonable and necessary medical and hospital expenses for the last 60 days of the last illness together with accompanying statements or payment receipts; and
  - (4) each requested payment or distribution of personal property.
- (b) **Exempt property.** If the decedent's personal property includes exempt property, or property that can be determined to be exempt property, the application must also be signed by all persons entitled to the exempt property of their representative.
- (c) **Preparation.** On request, the clerk shall assist the applicant in the preparation of the required writing.
- (d) **Disposition.** If the court is satisfied that disposition without administration is appropriate, the court may, without hearing, by letter or other writing authorize the payment, transfer, or disposition of the decedent's personal property to those persons entitled to it.

### **There must be no real property involved**

Any person, firm or corporation paying, delivering or transferring property under the authorization shall be forever discharged from any liability thereon.

### **The Ex Parte Clerk or Deputy Clerk, charged with the responsibility of preparing the affidavit for the court, will interview the petitioner, obtain for the file:**

- (1) A certified copy of death certificate;
- (2) Copies of medical and hospital bills for the last 60 days of illness;
- (3) The paid or unpaid funeral bill;
- (4) Copy or copies of documents that you are attempting to transfer to you (i.e. bank statement, copy of stock);
- (5) If the decedent left a will, it must be filed for record in the probate division (Any will filed for record only will not be a probated will);

And (6) Any necessary waivers and consents.

The Ex Parte Clerk will then prepare an Order directed to the payee.

Please check with the clerk's office for proper fee to file this form.

# Florida Medicaid Estate Recovery Program

Section 1917 of the Federal Social Security Act (42 USC § 1396(p)), and 42 CFR 433.36, requires that States recover medical assistance payments made to, or on behalf of, a Medicaid recipient from the assets in the estate of that deceased recipient. The Florida law which discusses the provisions of the Florida Estate Recovery Act is found at Florida Statute 409.9101.

The acceptance of public assistance creates a debt of the person accepting assistance which is enforceable only after the death of the recipient. Estate recovery applies to those Medicaid recipients who have received services at any time on or after August 31, 1993 and who were 55 years of age or older at the time of provision of the service.

Conduent Payment Integrity Solutions (Conduent) is the Florida Agency for Health Care Administration (AHCA) approved subcontractor of Health Management Systems (HMS) contracted to administer the Florida Estate Recovery Program.

**Please send all notices to:**

**Florida Medicaid Estate Recovery Program**

**P.O. Box 12188**

**Tallahassee, FL 32317**