

IN THE CIRCUIT COURT OF THE SEVENTEENTH JUDICIAL CIRCUIT,  
IN AND FOR BROWARD COUNTY, FLORIDA  
PROBATE DIVISION

**CHECKLIST FOR PETITION FOR SUMMARY ANCILLARY ADMINISTRATION<sup>1</sup>**

**This Checklist must be completed and e-filed with your Petition. 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 obviate any additional obligations imposed by rule or statute.**

HEARING:

<input type="checkbox"/>	At the time of filing this Petition, I intend to pursue this Petition on ex-parte, motion, or special set calendar.
--------------------------	---

**OR**

<input type="checkbox"/>	At the time of filing this Petition, I intend to have this Petition submitted to the Judge without a hearing.
--------------------------	---

CASE NUMBER: PRC - \_\_\_\_\_ - \_\_\_\_\_ In Re Estate of: \_\_\_\_\_

<input type="checkbox"/>	A copy of the decedent’s death certificate was filed.
<input type="checkbox"/>	The Petition includes a statement showing proper venue.
<input type="checkbox"/>	The Petition is verified.
<input type="checkbox"/>	The Petitioner has filed an Affidavit Regarding Criminal History <sup>2</sup> (form available on the Seventeenth Judicial Circuit Court’s website).
<input type="checkbox"/>	The Petitioner submitted proof of payment of the decedent reasonable and necessary medical bills for the last 60 days of the decedent’s last illness. <sup>3</sup>
<input type="checkbox"/>	<b>OR OR</b> If there are no such expenses, Petitioner has stated so in the Petition.
<input type="checkbox"/>	The Petitioner submitted proof of payment of the decedent’s reasonable funeral expenses. <sup>4</sup>
<input type="checkbox"/>	This is an intestate estate and the Petitioner has filed an Affidavit of Heirs (form available on the Seventeenth Judicial Circuit’s Webpage).
<input type="checkbox"/>	<b>OR OR</b> This is a testate estate.
<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.

<sup>1</sup> Please note that Judge Speiser requires a hearing in all pro se petitions for summary administration.

<sup>2</sup> Please note that trust companies, banks, as well as other qualified corporations identified in section 733. 305, Florida Statutes, are not required to file this affidavit.

<sup>3</sup> Not required if the decedent has been dead for more than 2 years.

<sup>4</sup> Not required if the decedent has been dead for more than 2 years.

<input type="checkbox"/>	If any beneficiary is a minor, the year of birth is included.
<input type="checkbox"/>	All beneficiaries have received formal notice of the Petition and the proposed distribution;
<b>OR</b>	<b>OR</b>
<input type="checkbox"/>	The Petitioner has filed consents from all the beneficiaries.
<input type="checkbox"/>	The Petition includes a statement describing the domiciliary or principal proceedings from another state or country, if known, and the name and address of the foreign personal representative and the court issuing letters.
<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 \$75,000).
<input type="checkbox"/>	The Petitioner is a beneficiary or a person nominated as personal representative in the decedent's foreign will offered for probate.
<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"/>	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>	<b>OR</b>
<input type="checkbox"/>	<b><u>If claims have been filed against the estate:</u></b>
	<input type="checkbox"/> The creditors' 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"/>	The Petitioner filed authenticated copies, as defined in 28 U.S.C. 1738, of the domiciliary proceedings. If testate, the authenticated copies of the domiciliary foreign proceeding include a petition for probate, an order admitting the will and/or codicils to probate, and the authority of the personal representative(s). For intestate proceedings, the authenticated copies include the domiciliary foreign petition for administration and the authority of the personal representative to act.
<input type="checkbox"/>	The proposed summary order includes the correct distribution of assets (e.g., name and address of the financial institution and the associated account number(s), legal property description, etc.)
<input type="checkbox"/>	<b><u>Proposed orders were submitted, and:</u></b>

	<input type="checkbox"/> The decedent died testate, and a proposed order admitting will of non-resident to probate was filed, or the proposed order of summary administration includes language admitting the will of non-resident to probate; <b>OR</b> <input type="checkbox"/> The decedent died intestate, and no order admitting will to probate is needed.
<input type="checkbox"/>	The signature page of the proposed order(s) contains at least four (4) lines of text and has the case number on it.
<input type="checkbox"/> <b>OR</b> <input type="checkbox"/>	<p><b><u>A trust is not a beneficiary of the decedent.</u></b></p> <p><b><u>If a trust of the decedent is a beneficiary of the will offered for probate:</u></b></p> <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. <b>OR</b> <input type="checkbox"/> At least one trustee of the decedent's trust is not a Petitioner for summary administration.

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