

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

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

**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.
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**OR**

<input type="checkbox"/>	At the time of filing this Petition, I intend to have this Petition submitted to the Judge without a hearing.
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CASE NUMBER: PRC - \_\_\_\_\_ - \_\_\_\_\_      In Re Estate of: \_\_\_\_\_

<input type="checkbox"/>	A copy of the decedent’s death certificate was filed.
<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>1</sup>
<b>OR      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 of the decedent’s reasonable funeral expenses. <sup>2</sup>
<input type="checkbox"/>	The Petitioner filed an Affidavit Regarding Criminal History <sup>3</sup> (form available on the Seventeenth Judicial Circuit’s Webpage).
<input type="checkbox"/>	The Petitioner filed an Affidavit of Heirs (form available on the Seventeenth Judicial Circuit’s Webpage).
<input type="checkbox"/>	The Petition includes a statement showing venue.

<sup>1</sup> Not required if the decedent has been dead for more than 2 years.

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

<sup>3</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

<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 \$75,000).
<input type="checkbox"/>	The Petitioner is a beneficiary of the 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 beneficiaries and their relationship to the decedent. If any beneficiary is a minor, the year of birth is included.
<input type="checkbox"/>	The Petition states that, after a reasonably diligent search, the Petitioner is unaware of any unrevoked wills or codicils.
<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"/>	All intestate 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 intestate beneficiaries.
<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 creditor's claims are otherwise barred by statute;
	<b>OR</b>
	<input type="checkbox"/> Provision for payment 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 notice of the Petition was served on the outstanding creditors.
<input type="checkbox"/>	The proposed order includes a correct distribution of assets under the laws governing intestacy.
<input type="checkbox"/>	The signature page of the proposed order contains at least four (4) lines of text and has the case number on it.

<input type="checkbox"/>	<b><u>The estate does not contain real property of the decedent.</u></b>
<b>OR</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 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 Administration of Intestate 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 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 Intestate 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:

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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\_\_\_\_