

SUMMARY ADMINISTRATION CHECKLIST

PROBATE CASE NUMBER : _____ DATE OF DEATH : _____

ESTATE OF : _____

ATTORNEY OF RECORD : _____

ESTATE: Testate _____ Intestate _____ Ancillary _____

1. Original **WILL** Filed? Yes _____ No _____ N/A _____ Other _____
2. Death Certificate Filed? Yes _____ No _____
Recorded in Public Records: ___ Yes ___ No Book & Page _____
Filed in another case: Case Name: _____
Court: _____ Case No: _____
3. Personal Representative:
 - a. Testate Estate
Named in Will _____
Selected by Majority _____ Waivers Attached _____
 - b. Intestate Estate
Spouse _____
Selected by Majority _____ Waivers Attached _____
Heir Nearest in Degree _____ Waivers Attached _____
4. Affidavit of Heirs filed? Yes _____ No _____
5. Non-Exempt Estate Value
Less than \$75,000 _____ \$75,000 or more _____

Petition to for Summary Administration? _____ Yes _____ No
Verified _____ Yes _____ No

FS 735.203

Does Will require formal administration? _____ Yes _____ No
Is the Estate less than \$75,000.00? _____ Yes _____ No
Did the Decedent die more than 2 years ago? _____ Yes _____ No

Surviving Spouse: Yes _____ No _____

If Yes, Name: _____

If Yes, has surviving spouse signed Petition for Summary Administration

Yes _____ No _____

Names of All Beneficiaries and Relationship to Decedent:

| | <u>Name</u> | <u>Address</u> | <u>Relationship</u> | <u>Date of Birth (if minor)</u> |
|----|-------------|----------------|---------------------|---------------------------------|
| a. | _____ | _____ | _____ | _____ |
| b. | _____ | _____ | _____ | _____ |
| c. | _____ | _____ | _____ | _____ |
| d. | _____ | _____ | _____ | _____ |

Use additional sheet if needed.

**Other Persons or Entities Interested in Proceeding.
Including Creditors and Nature of Interest:**

| | <u>Name</u> | <u>Address</u> | <u>Relationship</u> |
|----|-------------|----------------|---------------------|
| a. | _____ | _____ | _____ |
| b. | _____ | _____ | _____ |
| c. | _____ | _____ | _____ |
| d. | _____ | _____ | _____ |

Use additional sheet if needed.

Has notice of petition for summary administration been given to all beneficiaries and other Persons or entities interested, as listed above? Yes _____ No _____

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

Has a Petition to Determine Homestead been filed? _____ Yes _____ No _____ N/A
[Make sure petition specifies whether property is inside municipal limits AND the size of the parcel].

Proposed Order ___ Yes ___ No

Have you checked with local and State of Florida Unclaimed Property officials to see if there is any unclaimed property belonging to decedent? 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, creditors' claims must resolved so attach explanation of how they will be resolved.)

Proposed Order Admitting Will to Probate : YES _____ NO _____ N/A _____

Proposed Order of Summary Administration : YES _____ NO _____

As Attorney for the Personal Representative, I CERTIFY this _____ day of _____, 20____, that I have personally reviewed the foregoing checklist and that the information provided herein is accurate.

Attorney for Estate

FL Bar No.: _____

Attorney's Mailing Address: _____

Telephone: _____

Facsimile: _____

CLERK'S NOTES:

COURT AND/ OR EX PARTE CLERK COMMENTS:

