IN THE CIRCUIT COURT
OF THE NINTH JUDICIAL CIRCUIT,
IN AND FOR ORANGE COUNTY, FLORIDA

IN RE: ESTATE OF CASE NO. 20___-CP-00_____-0

_____,
DECEASED

VERIFIED STATEMENT FOR DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION

1. The undersigned Petitioner(s) state(s) the above Deceased who last lived at: _____ and whose social security number is _____-_____-_____, died on _____ ____, 20_____. ☐ Attached is an original Death Certificate.

2. ☐ The Deceased left no Will.
   ☐ The Deceased's Will was deposited with the Clerk on _____ ____, 20_____.

3. Funeral and/or burial expense in the amount of $_____.__ have been paid by _____. (Attach copies of statement or receipt)

4. The Estate consists of the following Assets, nonexempt personal property (attach bank statements, with account numbers included, and VIN number):

Description of Asset	Holder/Location of Asset	Value
A. _____	_____	$_____
_____	_____	
B. _____	_____	$_____
_____	_____	
C. _____	_____	$_____
_____	_____	

5. I request distribution of the above Assets to be made as follows:

Name/Address of Recipient	Description of Asset	Amount
A. _____	_____	$_____
_____	_____	

Name/Address of Recipient	Description of Asset	Amount
B. _____	_____	$_____
_____	_____	
C. _____	_____	$_____
_____	_____	

Under penalties of perjury, I/we declare that I/we have read the foregoing facts alleged are true, to the best of my/our knowledge and belief.

_____
Petitioner Signature

_____
Petitioner's Name (Print)

_____
Street Apartment No.

_____
City State Zip

( ) /
Telephone No./ E-Mail Address

_____
Petitioner Signature

_____
Petitioner's Name (Print)

_____
Street Apartment No.

_____
City State Zip

( ) /
Telephone No./ E-Mail Address

STATE OF _____
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this ____ day of ___, 20___, by _____.

(seal)

_____
Notary Public/Deputy Clerk

Personally Known ☐
Or Produced Identification ☐
Type of Identification Produced _____.