



## ANGELA VICK

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

Clerk of the County Court  
Recorder of Deeds  
Clerk and Accountant of the Board of County Commissioners  
Custodian of County Funds  
County Auditor

110 North Apopka Avenue  
Inverness, Florida 34450  
Telephone: (352) 341-6424  
Fax: (352) 341-6413  
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www.citrusclerk.org

Our office may be able to assist you in this matter if:

1. The decedent was a Citrus County resident.
2. The value of the funds to be distributed does not exceed preferred funeral expenses and/or medical and hospital expenses paid by the petitioner during the last 60 days of the last illness.

If this applies, please provide our office with the following:

1. Certified copy of the Death Certificate
2. Original Will or [Affidavit of Surviving Heirs](#)  
(On the Affidavit please be sure to include yourself where applicable)
3. Copy of *paid* funeral bill
4. Copy of *receipt* from funeral home showing who paid
5. Medical bills (paid and still owing)
6. Description and value of the asset(s) to be transferred
7. Checks, stocks, savings accounts, checking accounts, etc....copies of these documents

Be sure to complete in full "Requested payment or distribution to" on page 3 of Disposition Form. Include name, address, description of property including accounts number(s) and the amount or value.

Enclosed please find a Disposition of Personal Property without Administration form. Complete this form in full, have your signature notarized or sign the in presence of a Deputy Clerk, and return along with the filing fee of \$231.00.

If you have further questions regarding this matter please contact our office at (352) 341-6424.

Sincerely,

**ANGELA VICK**

Clerk of the Circuit Court and Comptroller

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

**IN THE CIRCUIT COURT FOR CITRUS COUNTY FLORIDA**

IN RE: ESTATE OF \_\_\_\_\_

PROBATE DIVISION

FILE NUMBER \_\_\_\_\_

DIVISION \_\_\_\_\_

**DISPOSITION OF PERSONAL PROPERTY WITHOUT ADMINISTRATION**

Verified Statement

Petitioner, \_\_\_\_\_, alleges:

1. Petitioner, whose address is \_\_\_\_\_

\_\_\_\_\_

and whose social security number is \_\_\_\_\_ is the \_\_\_\_\_

of \_\_\_\_\_ who died at \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a resident of \_\_\_\_\_

whose last known address was \_\_\_\_\_

and, if known, whose age was \_\_\_\_\_ and whose social security number is

\_\_\_\_\_ .

( ) The decedent left no will

( ) The decedent's will was deposited with the Clerk on \_\_\_\_\_ .

2. So far as is known, the names of the beneficiaries of the decedent's estate and of the decedent's surviving spouse, if any, their address, their relationship to the 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	Account Number(s)	Value

<u>Non-Exempt:</u> Description	Account Number(s)	Value
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4. Preferred funeral expenses (statement and paid receipt attached):

Services by	Amount	Paid or Due
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5. Medical and hospital expenses for last 60 days of last illness (statement or receipt attached):

Services by	Type of Service	Amount	Paid or Due
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Other debts of the decedent:

Creditor	Goods or Services (How Incurred)	Amount
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6. Requested payment or distribution to:

Name and Address	Description of Property	Acct Number(s)	Amount or Value
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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 FURTHER CERTIFY that I have paid those preferred expenses as shown herein that are not being distributed directly to the suppliers of said services by this order.

Statement made before:

\_\_\_\_\_  
 Deputy Clerk or Notary Public

\_\_\_\_\_, 20\_\_

My Commission Expires:  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of Petitioner

\_\_\_\_\_  
 Name of Petitioner

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone