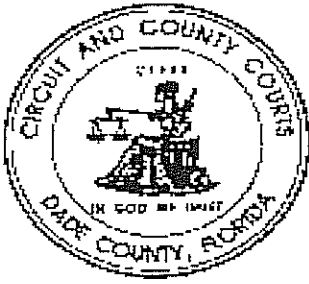


HARVEY RUVIN
CLERK OF THE CIRCUIT AND COUNTY COURTS
Dade County, Florida



Family Division
73 W. Flagler Street
Room 234
Miami, Fla 33130
Tel: 305: 349-7482
Fax: 305: 349-7484

FROM: Small Estates/ Probate Services
Room 234

**SUBJECT: MISCELLANEOUS
ASSETS**

FILING FEES: \$235.00 ASSETS up to \$ 6,000.00 (\$232.00 for filing fees and \$3.00 for certified copy of the Order).

PROCEDURE: On the form where it indicates **THE PROPERTY OF THE DECEDENT CONSISTS SOLELY OF THE FOLLOWING:**

Return the attached form with the following items:

1. Certified Copy of Death Certificate
2. Copy of the itemized funeral bill
3. A paid in full receipt from the funeral parlor
4. Document showing value of assets (List of assets and their approximate value by a Certified Appraiser)
5. Cashier's check or money order made payable to:
THE CLERK OF CIRCUIT COURT
(NO PERSONAL CHECKS ACCEPTED)

NOTE: Assets are released only to the person who paid the funeral bill. If someone other than the person filing the claim has paid the funeral expenses, we must have a notarized release of assets from the person who paid the funeral bill. The surviving spouse may need to file a waiver in order for the petitioner to collect the monies.

Upon receipt of the above, the Court will prepare an Authorization letter.

THE DECEDENT MUST HAVE BEEN A RESIDENT OF DADE COUNTY AT THE TIME OF DEATH.

The limit for Small Estates is the amount of the funeral bill, not to exceed \$6,000.00. When the assets of the decedent exceed the amount of the funeral bill, the estate must be referred to an attorney.

PLEASE ALLOW A FEW WEEKS FOR PROCESSING

Revised 6/2009

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

**DIVISION
PROBATE**

**DISPOSITION OF PERSONAL PROPERTY
- WITHOUT ADMINISTRATION
VERIFIED STATEMENT**

CASE NUMBER

**IN RE ESTATE OF:
DECEASED**

CLOCK IN

The petitioner _____ alleges:
CLAIMANT
 _____, whose last known address was
DECEASED

STREET, CITY AND STATE

died on _____. Copy of death certificate attached.
 The property of the decedent consists solely of the following: _____

Funeral expenses in the amount of \$_____ Were paid _____
 _____ Funeral Home. Paid bill or statement attached.
 If funeral home is petitioner state: Amount of bill _____, Unpaid balance _____

The grave marker (has been purchased) (will not be purchase). Statement attached.
 Last illness (last 60 days) expense paid in the amount of
 \$_____ to _____. Paid bills attached.
 I know of no pending administration, 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.

 Name of Claimant (Please Print)

 Signature

 Date

 Relationship

 Address

 Telephone

Index records searched and statement obtained by

 Deputy Clerk

 Date