IN THE CIRCUIT COURT OF THE SECOND JUDICIAL CIRCUIT, IN AND FOR WAKULLA COUNTY, FLORIDA

RE: ESTATE OF FILE NO:		
Deceased	_/	
Deceased		
DISPOSITION OF PERSONA	L PROPERTY WITH	OUT ADMINISTRATION
The Petitioner,		, whose relationship to the
decedent is, alleges th	at	,
a resident of Wakulla County, who's So	ocial Security Number	was and
whose last known address was		,
died on,	·	
The decedent left no will.		
The decedent's will was dep	osited with the clerk of	on
The property of the decedent which must be the provisions of s. 732.402, personal proper of Florida, and nonexempt personal propert preferred funeral expenses and reasonable a of the last illness. Please supply informatio transfer agent, or company handling the asset	erty exempt from the cla y the value of which do and necessary medical ar on to be used in the trans	ims of creditors under the Constitution es not exceed the sum of the amount of nd hospital expenses of the last 60 days
ASSETS DESCRIPTION ADDR	ESS OF FIDUCIARY	DOLLAR AMOUNT

Funeral or burial expenses (attach sta	tement and/or receipts);	
SERVICES BY ADDRESS	AMOUNT	PAID OR DUE
Last illness expenses (statement and/o	or paid receipt attached):	
SERVICES BY ADDRESS	TYPE OF SERVICE	AMOUNT PAID
Petition requests payment or distribut	ion to:	
NAME ADDRESS	ASSET	VALUE
I know of no other assets in the deced	lent's name alone except:	
Under penalties of perjury, I declare to the best of my knowledge and believed.		d the facts alleged are true,
DATE:	, 20	
	Signature of Pe	titioner
	Name of Petitio	oner (Print Name)
	Address City St	ate Zip
	Relationship to	Decedent