

**IN THE COUNTY COURT OF THE FIFTH JUDICIAL CIRCUIT
IN AND FOR HERNANDO COUNTY, FLORIDA**

CASE NUMBER: _____

**IN RE: ESTATE OF _____
DECEASED,**

**SUMMARY ADMINISTRATION – INTESTATE / NO WILL
CHECKLIST AND CERTIFICATION**

I, _____, as the attorney of record, have reviewed the applicable checklist(s) on the Clerk of the Circuit Court's website and filed the following pleadings with the Clerk of Court's docket, for which I have written the docket index number (DIN) next to each of the corresponding requirements below:

Qualification(s):

☐ Decedent has been dead for more than 2 years OR

Value of the entire estate subject to administration in this state is:

☐ less than \$75,000 as Decedent died prior to July 1, 2026, but has been dead less than 2 years OR

☐ less than \$150,000 as Decedent died on or after July 1, 2026

Original Document(s):

☐ DIN: _____ Authenticated copy of death certificate has been deposited with the Clerk of Courts – Fla. Prob. R. 5.171

Petition for Summary Administration:

☐ DIN: _____ Petition for Summary Administration - Fla. Prob. R. 5.530

☐ DIN: _____ Petition is verified by the surviving spouse (if any)

☐ DIN: _____ Petition is verified by all beneficiaries OR

☐ DIN: _____ Notarized joinder to Petition has been filed for each beneficiary OR

☐ DIN: _____ Proof of Formal Notice has been filed for any beneficiary who is receiving their full share under Florida law.

Supporting Document(s):

☐ DIN: _____ Affidavit of Heirs

☐ DIN: _____ Notice of Related Cases

☐ DIN: _____ Copy of paid funeral bill (not required if the decedent has been dead more than 2 years)

☐ DIN: _____ Copy of death certificate for any deceased beneficiary

Proposed Order(s) or Letter(s) submitted via Circuit5.org:

☐ Order of Summary Administration – Fla. Stat. § 735.206

I HEREBY CERTIFY that I have complied with the above checklist and filed the required pleadings and supporting documentation in accordance with applicable Florida Statutes, Florida Probate Rules, local rules, administrative orders, and administrative memoranda. I understand that submission of this checklist is considered an official statement subject to Fla. Stat. §837.06.

Dated: _____

Attorney Signature: _____

Printed Name: _____

Bar Number: _____

Email Address(es): _____