

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

CASE NUMBER: _____

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

**FORMAL ADMINISTRATION – INTESTATE / NO WILL / NO BOND
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:

Original Document(s):

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

Petition for Administration:

☐ DIN: _____ Petition for Administration - Fla. Prob. R. 5.200

☐ DIN: _____ Notarized Waiver and Consent to Appointment of Personal Representative from a majority in interest of the heirs – Fla. Stat. § 733.301(b); Fla. Prob. R. 5.201 OR

☐ DIN: _____ Proof of Formal Notice on all persons qualified to act as personal representative and who are entitled to preference equal to or greater than petitioner. - Fla. Prob. R. 5.040

Depository:

☐ DIN: _____ Petition for Restricted Depository OR

☐ The estate contains no liquid assets.

Supporting Document(s):

☐ DIN: _____ Affidavit of Heirs

☐ DIN: _____ Notice of Related Cases

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

☐ DIN: _____ Oath of Personal Representative and Designation and Acceptance of Resident Agent - Fla. Prob. R. 5.320 and 5.110

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

☐ Order Appointing Personal Representative

☐ Letters of Administration

☐ Order Designating Depository for Assets (if applicable)

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): _____