

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

CASE NUMBER: _____

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

**DETERMINATION OF HOMESTEAD (SUMMARY ADMINISTRATION)
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):

- ☐ The real property being determined as the homestead of the decedent qualifies under Article X, §4 of the Florida Constitution
- ☐ The devise/descent of the real property is in accordance with the restrictions of Article X, §4 of the Florida Constitution, Fla. Stat. §732.401, and Fla. Stat. §732.4015.

Petition for Homestead:

- ☐ DIN: _____ Petition for Determination of Homestead - Fla. Prob. R. 5.405
- ☐ DIN: _____ Notarized Waivers and Consents to Petition OR Proof of Formal Notice to all interested persons* – Fla. Prob. R. 5.041; Fla. Stat. 731.201(23) (*Including all known creditors and claimants, and all beneficiaries who would inherit but for Fla. Stat. §732.401)

Supporting Document(s):

- ☐ DIN: _____ Copy of Property Tax or Utility bill (from the last year before the decedent's death)

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

- ☐ Order Determining Homestead - Fla. Prob. R. 5.405(d) (includes street and legal description of subject real property)
- ☐ Order of Summary Administration submitted simultaneously (which does not include language for distribution of Order of Summary Administration submitted simultaneously (which does not include language for distribution of any exempt assets)

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): _____