

FORMAL ADMINISTRATION
CHECKLIST FOR CLOSING ESTATE

(All orders provided to the court must show the persons to whom the order is copied; and self addressed stamped envelopes (with no return address) shall be provided for mailing)

PROBATE CASE NUMBER: _____ **DATE OF DEATH:** _____

ESTATE OF: _____

ATTORNEY OF RECORD: _____

ESTATE: **Testate** _____ **Intestate** _____ **Ancillary** _____

Affidavit of Heirs filed? _____ Yes _____ No
Petition to Determine Exempt Property filed? _____ Yes _____ No 732.402
Petition to Determine Homestead filed? _____ Yes _____ No 5.405
Any Adversary Proceeding filed? _____ Yes _____ No 5.025
Type: _____

All Adversary Proceedings Actions disposed? _____ Yes _____ No
(If No, attach explanation.)

NOTICE OF ADMINISTRATION

- 1. Date Death Certificate filed: _____ 5.171 & 5.205
- 2. Date Letters of Administration issued: _____ 733.401
- 3. Proof of Service of Notice of Administration 5.040(4)
Number required: _____ Proofs or Waivers filed? _____ Yes _____ No

NOTICE TO CREDITORS

- 1. Known Creditors served with Notice to Creditors? _____ Yes _____ No 733.2121(3)(a)
- 2. Proof of Publication of Notice to Creditors filed? _____ Yes _____ No 5.241(c)
- 3. Agency for Health Care Administration served? _____ Yes _____ No 733.2121(3)(d)
- 4. Department of Revenue served? _____ Yes _____ No 733.2121(3)(e)
- 5. Claims Period expiration date: _____ 733.2121
- 6. Statement Regarding Creditors filed? _____ Yes _____ No 5.241(d)
- 7. Claims filed? _____ Yes _____ No If Yes, how many? _____
- 8. All Claims resolved? _____ Yes _____ No (If No, attach explanation.)

UNCLAIMED PROPERTY

1. Check with Department of Unclaimed Property? _____ Yes _____ No

INVENTORY

1. Inventory due date: _____ 5.340(a)
2. Date Inventory filed: _____
3. Department of Revenue served? _____ Yes _____ No 199.062(2) (Note statute repealed
1/1/07) & 733.2121(3)(e)
4. Proofs of Service of Inventory: 5.340(d)
Number required? _____ All Proofs filed? _____ Yes _____ No
(If No, attach explanation.)

CIVIL ACTIONS

1. Notice of Civil Action filed? _____ Yes _____ No 5.065
2. All Civil Actions disposed? _____ Yes _____ No
(If No, attach explanation.)

TAXES

1. Affidavit of no Tax due filed/recorded: _____ Yes _____ No 198.32(2)
(If no taxes due, proceed to Final Accounting)
2. Notice of Estate Tax Return filed and served: _____ Yes _____ No 5.395
Due date of Estate Tax Return: _____
Extended to: _____
3. Federal Estate Tax Closing Letter filed: _____ Yes _____ No
4. Florida Estate Tax Certificate filed/recorded: _____ Yes _____ No 198.26

FINAL ACCOUNTING

1. Final Accounting filed? _____ Yes _____ Waived by all _____ No 5.400
2. Any Objections to Final Accounting? _____ Yes _____ No
3. All Objections to Final Accounting resolved? _____ Yes _____ No _____ N/A
(If No, attach explanation.) 5.401

CLOSING

1. Petition for Discharge filed? _____ Yes _____ No 5.400
Date filed: _____
Presumptive Discharge date: _____ 5.400(c)
Petition to Extend filed? _____ Yes _____ No 5.400(c)
If Yes, Extended to: _____
2. Interested Persons other than Petitioner at the time of the filing of the Petition of Discharge:
_____ Yes (If Yes, list below) _____ No 731.201(21)

NAMES OF INTERESTED PERSONS SERVED WITH

PETITION FOR DISCHARGE

- 1. _____ Waiver _____ Date Served: _____
- 2. _____ Waiver _____ Date Served: _____
- 3. _____ Waiver _____ Date Served: _____
- 4. _____ Waiver _____ Date Served: _____
- 5. _____ Waiver _____ Date Served: _____
- 6. _____ Waiver _____ Date Served: _____
- 7. _____ Waiver _____ Date Served: _____
- 8. _____ Waiver _____ Date Served: _____
- 9. _____ Waiver _____ Date Served: _____
- 10. _____ Waiver _____ Date Served: _____

- 3. Any Objections to Petition for Discharge filed? _____ Yes _____ No
- 4. All Objections to Petition for Discharge resolved? _____ Yes _____ No _____ N/A
(If No, attach explanation.)

As Attorney for the Personal Representative, I CERTIFY this _____ day of _____, 20____, that I have personally reviewed the foregoing checklist and that the information provided herein is accurate.

 Attorney for Estate
 Attorney's Mailing Address:

 Telephone:

CLERK'S NOTES

733.901(2). Order of Discharge Date: _____

COURT AND/OR EX PARTE CLERK COMMENTS:

Revised 2/2/2012