

**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 **FS 732.402**

Petition to Determine Homestead filed? _____ Yes _____ No **Rule 5.405**

Any Adversary Proceeding filed? _____ Yes _____ No **Rule 5.025**

Type: _____

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

NOTICE OF ADMINISTRATION

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

NOTICE TO CREDITORS

1. Known Creditors served with Notice to Creditors? _____ Yes _____ No **FS 733.2121(3)(a)**
2. Proof of Publication of Notice to Creditors filed? _____ Yes _____ No **Rule 5.241(c)**
3. Agency for Health Care Administration served? _____ Yes _____ No **FS 733.2121(3)(d)**
4. Department of Revenue served? _____ Yes _____ No **FS 733.2121(3)(e)**
5. Claims Period expiration date: _____ **FS 733.2121**
6. Statement Regarding Creditors filed? _____ Yes _____ No **Rule 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: _____ Rule 5.340(a)
- 2. Date Inventory filed: _____
- 3. Department of Revenue served? Yes No
FS 199.062(2) (note statute repealed 1/1/07) & 733.2121(3)(e)
- 4. Proofs of Service of Inventory – Rule 5.340(d): Number required? _____
All Proofs filed? Yes No (If No, attach explanation.)

CIVIL ACTIONS

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

TAXES

- 1. Affidavit of no Tax due filed/recorded: Yes No FS 198.32(2)
(If no taxes due, proceed to Final Accounting)
- 2. Notice of Estate Tax Return filed and served: Yes No Rule 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 FS 198.26

FINAL ACCOUNTING

- 1. Final Accounting filed? Yes Waived by all No Rule 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.) – Rule 5.401

CLOSING

- 1. Petition for Discharge filed? Yes No Rule 5.400
Date filed: _____
Presumptive Discharge date: _____ Rule 5.400(c)
Petition to Extend filed? Yes No Rule 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 FS 731.201(21)

**NAMES OF INTERESTED PERSONS SERVED WITH
PETITION FOR DISCHARGE**

- a. _____ Waiver Date Served: _____
- b. _____ Waiver Date Served: _____
- c. _____ Waiver Date Served: _____
- d. _____ Waiver Date Served: _____
- e. _____ Waiver Date Served: _____

f.	_____	Waiver	_____	Date Served:	_____
g.	_____	Waiver	_____	Date Served:	_____
h.	_____	Waiver	_____	Date Served:	_____
i.	_____	Waiver	_____	Date Served:	_____
j.	_____	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 on _____ (date), 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

FS 733.901(2). Order of Discharge Date: _____

COURT AND/OR EX PARTE CLERK COMMENTS: _____

