IN RE: ESTATE OF Case No. _____ Deceased PETITION FOR ADMINISTRATION **Testate (With Will)** Petitioner(s), ______ alleges: 1. Petitioner(s) has/have an interest in the above Estate as the ______ of the decedent. PETITIONER(S) NAME(S) ADDRESS(ES) 2. Decedent, ______, whose last known address was _____, and the last four digits of whose social security number are ______, died on _______, at , in (city), Florida. On the date of death, decedent was domiciled in Seminole County, Florida. 3. So far as is known, the names of the beneficiaries of this estate and of the decedent's surviving spouse, if any, their addresses and relationships to decedent, and the years of birth of any who are minors, are:

NAME	ADDRESS	RELATIONSHIP TO DECEDENT	

4.	The venue of this proceeding is in this county because this is the decedent was domiciled at the time of his/her death.	ne county where the
5.	Petitioner(s), whose address	ess is
	to serve as Personal Representative because he/she has not bee felony, are mentally and physically able to perform the duties of Representatives, are eighteen (18) years of age or older, () is () Florida, and is qualified to serve as the Personal Representative provisions of Florida Statute, Section 733.304.	of Personal his not a resident of
6.	Petitioner(s) has/have not been convicted in any state or foreign neglect, or exploitation of an elderly person or disabled adult, a defined in Florida Statute Section 825.101.	
7.		rsonal Representatives.
8.	The nature and approximate value of the assets in this Estate and	•
	NATURE OF ASSETS	ESTIMATED VALUE
P	arcel ID:	
L	egal Description:	
0		
9. 10	This Estate () will () will not be required to file a federal estat. Domiciliary or principal proceedings are not known to be pend	
10	country.	ing in another state of
11	. The decedent's Last Will and Testament dated	and codicil dated
	, are in the possession of the Court.	

Petitioner(s) are unaware of any un set forth in paragraph 11.	revoked will or codicil of decedent other than as	
· · · · · · · · · · · · · · · · · · ·	ent's Last Will and Testament dated	
that Petitioner(s)	dated, be admitted to probate and	
	tative(s) of the Estate of the decedent.	
Under penalties of perjury, we	declare that we have read the foregoing, and the	
facts alleged are true, to the best of	our knowledge and belief.	
Signed on this day	f, 2022.	
	Signature of Petitioner	
	Print Name	
	Signature of Petitioner	
	Print Name	

IN RE: ESTATE OF	CASE NO:
NOTICE OF CONFIDENTIAL	INFORMATION WITHIN COURT FILING
	lministration 2.420(d)(2), the filer of a court record at the time al information is included within the document being filed;
·	lies to the identified information; and identify the precise
location of the confidential information within t	
Title/Type of Documents(s):	
Indicate the applicable confidentiality prov	vision(s) below from Rule 2.420(1)(B), by specifying the
location within the document on the space pr	ovided:
Chapter 39 records relating to dependent	ey matter, termination of parental rights, guardians as litem,
child abuse, neglect and abandonment. §	39.0132(3), Fla. Stat. (If the document is filed within a
Chapter 39 case, this form is not required	1.)
Adoption records. §63.162, Fla. Stat. (If	the document is filed within a Chapter 63 adoption case, this
form is not required.)	
Social Security, bank account, charge, de	ebit, and credit card numbers in court records. §119.0714(1)(i)-
(j), (2)(a)-(e), Fla. Stat. (Unless redaction	n is requested pursuant to §119.0714(2), Fla. Stat. this
information is exempt only as of January	1, 2012).
HIV test result and patient identity within	n the HIV results. §381.004(2)(e), Fla. Stat.
Sexually Transmitted diseases— test rest	ults and identity within the test results when provided by the
Department of Health or the department'	s authorized representative. §384.29, Fla. Stat.
Birth and death certificates, including co	urt-issued delayed birth certificates and fetal death certificates.
§382.008(6) and §382.025(1)(a), Fla. Sta	ıt.
Identifying information in petition by mi	nor for waiver of parental notice when seeking to terminate
pregnancy. §390.01116, Fla. Stat. (If the	document is filed within a Ch. 390 waiver of parental notice
case, this form is not required.)	
Identifying information in clinical menta	l health records under the Baker Act. §394.4615(7), Fla. Stat.
Records of substance abuse service prov	iders which pertain to the identity, diagnosis, and prognosis of
and service provision to individuals who	have received services from substance abuse service

providers. §397.501(7), Fla. Stat.

 Identifying information in clinical records of detained criminal defendants found incompetent to
proceed or acquitted by reason of insanity. §916.107(8), Fla. Stat.
 Estate inventories and accountings. §733.604(1), Fla. Stat.
 Victim's address in domestic violence action on petitioner's request. §741.30(3)(b), Fla. Stat.
 Information identifying victims of sexual offenses, including child sexual abuse. §119.071(2)(h) and
§119.0714(1)(h), Fla. Stat.
 Gestational surrogacy records. §742.16(9), Fla. Stat.
 Guardianship reports and orders appointing court monitors in guardianship cases. §744.1076 and
§744.3701, Fla. Stat.
 Grand jury records. Ch 905, Fla. Stat. (If the document is filed in a Ch. 905 grand jury proceeding this
form is not required.)
 Information acquired by courts and law enforcement regarding family services for children.
§984.06(3)-(4), Fla. Stat. (If the document is filed in a Ch. 984 family services for children case, this
form is not required.)
 Juvenile delinquency records. §985.04(1) and §985.045(2), Fla. Stat. (If the document is filed in a Ch.
985 juvenile delinquency case, this form is not required.)
 Information disclosing the identity of persons subject to tuberculosis proceedings and records of the
Department of Health in suspected tuberculosis cases. §392.545 and §392.65, Fla. Stat.
 Complete presentence investigation reports. Fla. R. Crim. P. 3.712.
 Forensic behavioral health evaluations under Chapter 916. §916.1065, Fla. Stat.
 Eligibility screening, substance abuse screening, behavioral health evaluations, and treatment status
reports for defendants referred to or considered for referral to a drug court program. §397.334(10)(a),
Fla. Stat.
G) (CD v)
Signature of Petitioner
Printed Name of Petitioner

Note: The clerk of court shall review filings identified as containing information to determine whether the information is facially subject to confidentiality under the identified provision. The clerk shall notify the filer in writing within 5 days if the clerk determines that the information is NOT subject to confidentiality, and the records shall not be held as confidential for more than 10 days, unless a motion is filed pursuant to subdivision (d)(3) of Rule 2.420.

IN RE: ESTATE OF:	File No:
	/
Deceased.	
OA	ATH OF PERSONAL REPRESENTATIVE
STATE OF	
COUNTY OF	
I,	, (Affiant), state under oath that:
1. I am qualified w	vithin the provisions of sections 733.302, 733.303, and 733.304,
	s personal representative of the estate of, deceased. I have reviewed the statutes and understand the ties of perjury, I certify that the following statements are true:
	years of age or older.
b. I have ne	ver been convicted of a felony.
c. I have nev	ver been convicted in any state or foreign jurisdiction of abuse,
neglect, or exploitation of a section 825.101, Florida St	an elderly person or a disabled adult, as those terms are defined in atutes.
d. I am ment representative.	tally and physically able to perform that duties of personal
e. I am a res Florida, I am:	ident of the State of Florida, or, if I am not a resident of the State of
a lega	ally adopted child or adoptive parent of the decedent;
	d by lineal consanguinity to the decedent; a spouse or a brother, or niece of the decedent, or someone related by lineal consanguinity
the sp above.	pouse of a person otherwise qualified under one of the provisions

2. I will faithfully administer the estate of the dec	edent according to law.
3. My place of residence is	, and my
post office address is	·
4. I will promptly file and serve a notice on all int that I would not be qualified for appointment and will incl qualified and the date on which the disqualifying event occ	ude the reason I would not then be
5. I will file and serve a notice within 20 days on	all interested persons, in the event
there is a change in my residence address, street address, or	r mailing address.
	Affiant
Sworn to (or affirmed) and subscribed before me b online notarization, this day of	
	Signature of Notary Public-
	State of Florida
	(Print, Type, or Stamp
	Commissioned Name of Notary Public)
Personally Known or Produced Identification	
Type of Identification Produced	

IN RE: ESTATE OF	FILE No:	
DECEASED.	DIVISIO	N
DECEASED		
	MITTING WILL TO PROBATING PERSONAL REPRESENT (self-proved)	
The instrument presented to this	s Court as the last will of	
deceased, having been executed in conf	formity with law, and made sel	f-proved by the
acknowledgment of the decedent and th	ne affidavits of the witnesses, r	nade before an officer
authorized to administer oaths and evid	lenced by the officer's certification	ate attached to or following
the will in the form required by law, an	d no objection having been ma	de to its probate, and the
Court finding that decedent died on	, 20, an	d that
is entitled a	and qualified to be Personal Re	epresentative, it is
ADJUDGED that the Last Will	and Testament dated	, 20, and
attested by	and	as subscribing and
attesting witnesses, is admitted to proba	ate according to law as the Las	t Will and Testament of the
decedent, and it is further		
ADJUDGED that	is appoint	ed Personal Representative
of the Estate of the decedent, and that u	ipon taking the prescribed oath	, filing the designation and
acceptance of resident agent, and filing	bond in the sum of \$, Letters of
Administration shall be issued.		
DONE and ORDERED on	, 20 in Chan	nbers in Sanford, Seminole
County, Florida.		
	CIRCUIT JUDGE	

IN RE: ESTATE OF	FILE No:
	/ DIVISION
DECEASED	
(LETTERS OF ADMINISTRATION (single/multiple personal representative(s)) (testate)
TO ALL WHOM IT MAY	CONCERN:
WHEREAS,	, a resident of Seminole County,
Florida, died on	,, owning assets in the State of Florida, and
WHEREAS,	, has been appointed Personal
Representative of the Estate	of the decedent and has performed all acts prerequisite to issuance
of Letters of Administration	in the estate,
NOW, THEREFO	RE, I , the undersigned Circuit Judge, declare
	duly qualified under the law of the State of Florida to act as Personal
Representative of the Estate	of, deceased, with full power to
administer the estate accord	ing to law; to ask, demand, sue for, recover and receive the property
of the decedent; to pay the d	lebts of the decedent as far as the assets of the estate will permit and
the law directs; and to make	e distribution of the estate according to law.
DONE and ORDE	RED , on,, 2022 in
Chambers in Sanford, Semi	nole County, Florida.

CIRCUIT JUDGE

IN THE	COURT OF THE 18TH JUDICIAL
CIRCUIT IN AND FOR	SEMINOLE COUNTY, FLORIDA

Defendant/Respondent	
DESIGNATION OF E-MAIL ADDI	RESS FOR A PARTY NOT REPRESENTED BY AN ATTORNEY
governed by the Florida Family L	y the Florida Family Law Rules of Procedure; in case aw Rules of Procedure, use Florida Supreme Court Family Law Form 12.915**
Pursuant to Fla. R. Gen. Prac. & Jud. Ac designate the e-mail address(es) below f	dmin. 2.516(b)(1)(C), I, (name) for electronic service of all documents related to this case
By completing this form, I am authorizi	ng the court, clerk of court, and all parties to send copie pleadings, or other written communications to me by e-
current e-mail address(es) and that all co	s office and the opposing party or parties notified of my opies of notices, orders, judgments, motions, pleadings, case will be served at the e-mail address(es) on record a
(Designated e-mail address)	
(Secondary designated e-mail ac	ldress(es) (if any))
	RTIFICATE OF SERVICE
CE I certify that a copy hereof has b	
CE I certify that a copy hereof has b	RTIFICATE OF SERVICE been furnished to the Clerk of Court for Seminole Count barties used for service)
CE. I certify that a copy hereof has b and (insert name(s) and address(es) of p	RTIFICATE OF SERVICE seen furnished to the Clerk of Court for Seminole Count sarties used for service) te) (signature)
I certify that a copy hereof has b and (insert name(s) and address(es) of p	RTIFICATE OF SERVICE seen furnished to the Clerk of Court for Seminole Count sarties used for service) te) (signature) (printed name)
I certify that a copy hereof has b and (insert name(s) and address(es) of p	RTIFICATE OF SERVICE been furnished to the Clerk of Court for Seminole Count barties used for service) te)

IN RE: ESTATE OF	FILE No:
/	DIVISION
/ DECEASED	
NOTICE	TO CREDITORS
The administration of the estate of _	, deceased, whose
date of death was,	, is pending in the Circuit Court for Seminole
County, Florida, Probate Division, the addre	ess of which is P.O. Box 8099, Sanford, FL 32772-
8099. The name and address of the Personal	Representative are set forth below.
All creditors of the decedent and oth	er persons having claims or demands against
decedent's estate, on whom a copy of this no	otice is required to be served, must file their claims
with this Court ON OR BEFORE THE LAT	TER OF 3 MONTHS AFTER THE TIME OF THE
FIRST PUBLICATION OF THIS NOTICE	OR 30 DAYS AFTER SERVICE OF A COPY OF
THIS NOTICE ON THEM.	
All other creditors of the decedent ar	nd other persons having claims or demands against
decedent's estate must file their claims with	this court WITHIN 3 MONTHS AFTER THE
DATE OF THE FIRST PUBLICATION OF	THIS NOTICE.
ALL CLAIMS NOT FILED WITHI	N THE TIME PERIODS SET FORTH IN
FLORIDA STATUTES SECTION 733.702	WILL BE FOREVER BARRED.
NOTWITHSTANDING THE TIME	PERIODS SET FORTH ABOVE, ANY CLAIM
FILED TWO (2) YEARS OR MORE AFTE	ER THE DECEDENT'S DATE OF DEATH IS

BARRED.

The date of first p	oublication of the	his date notice is
Signed on this	day of	, 20
		SIGNATURE OF PERSONAL REPERSENTATIVE
		PRINTED NAME OF PERSONAL REPRESENTATIVE
		ADDRESS

IN THE CIRCUIT COURT FOR THE EIGHTEENTH JUDICIAL CIRCUIT IN AND FOR SEMINOLE COUNTY, FLORIDA

PROBATE DIVISION IN RE: ESTATE OF FILE NO: _____ DIVISION: DECEASED CONSENT AND WAIVER OF NOTICE The undersigned, whose name is _____ and who has an interest in the estate as _____ acknowledges receipt of a copy of this Petition _____ heretofore filed in this proceeding, waives hearing and notice of hearing thereon, and consents to the entry of an order granting the relief requested in the petition without notice of hearing. Signed on this _____, _____,

(SIGN NAME)

IN RE: ESTATE OF	FILE No:
	DIVISION
DECEASED	

NOTICE OF ADMINISTRATION (testate)

The administration of the estate of	, deceased, is
pending in the Circuit Court for Seminole County Florida, Probate Divisio	n, the address of
which is 190 Eslinger Way, Sanford, Florida 32773. The file number for the	ne estate is
The estate is testate and the dates of th	e decedent's will and
any codicils are	

The name and address of the Personal Representative are set forth below.

Any interested person on whom a copy of the notice of administration is served must file with the court, on or before the date that is 3 months after the date of service of a copy of the Notice of Administration on that person, any objection that challenges the validity of the will or any codicils, venue, or jurisdiction of the court. The 3-month time period only be extended for estoppel based upon misstatement by the personal representative regarding the time period within which and objection must be filed. The time period may not be extended for any other reason, including affirmative representation, failure to disclose information, or misconduct by the personal representative or any other person. Unless sooner barred by section 733.212(3), Florida Statues, all objections to the validity of a will or any codicils, venue or the jurisdiction of the court must be filed not later that the earlier of the entry of an order of final discharge of the personal representative or 1 year after service of the notice of administration.

Person who may be entitled to exempt property under section 732.402, Florida Statutes, will be deemed to have waived their rights to claim that property as exempt property unless a petition for determination of exempt property is filed by such persons or on their behalf on or before the later of the date that is 4 months after the date of service of a copy of the notice of

administration on such persons or the date that is 40 days after the date of termination of any proceedings involving the construction, admission to probate, or validity of the will or involving any other matter affecting any party of the exempt property.

An election to take an elective share must be filed on or before the earlier date of the date that is 6 months after the date of service of a copy of the notice of administration on the surviving spouse, an agent under chapter 709, Florida Statutes, or a guardian of the property of the surviving spouse; or the date that is 2 years after the date of the Decedent's death.

Petitioner			
Address		 	