

# Checklist for Closing a Formal Administration

Steven J. Levin, Circuit Judge



Estate of: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Date case was filed: \_\_\_\_\_

- 1. Petition for Administration:  Date Filed: \_\_\_\_\_
- 2. Original Death Certificate:  Date Filed: \_\_\_\_\_
- 3. Original Last Will & Codicil(s):  Yes  No  Intestate
- 4. Order Admitting Last Will & Codicil(s) to Probate:  Date Filed: \_\_\_\_\_  N/A
- 5. Order Appointing Personal Representative:  Date Filed: \_\_\_\_\_
- 6. Letters of Administration:  Date Filed: \_\_\_\_\_
- 7. Notice of Administration:  Date Filed: \_\_\_\_\_  
Proof of Service of Notice of Administration:  Date Filed: \_\_\_\_\_  
Sole beneficiary:   
Waivers by interested parties:  Date Filed: \_\_\_\_\_
- 8. Statement of diligent search for creditors:  Date Filed: \_\_\_\_\_
- 9. Proof of service of Notice to Creditors:  Date Filed: \_\_\_\_\_  
Agency for Health Care Administration:  Date Filed: \_\_\_\_\_  
Florida Department of Revenue (*if creditor - §733.2121(e)*):  Date Filed: \_\_\_\_\_
- 10. Proof of Publication:  Date Filed: \_\_\_\_\_
- 11. Creditor Period: (*see pg. 2 for creditor claims*) From: \_\_\_\_\_ To: \_\_\_\_\_
- 12. Verified Inventory:  Date Filed: \_\_\_\_\_  
Proof of Service of Verified Inventory  Date Filed: \_\_\_\_\_
- 13. Notice of Federal Estate Tax Return and Federal Estate Tax Closing Letter (*if required*):  Date Filed: \_\_\_\_\_
- 14. Affidavit of No Florida Estate Tax Due:  Date Filed: \_\_\_\_\_
- 15. Petition for Discharge  Date Filed: \_\_\_\_\_
- 16. Report of Distribution  Date Filed: \_\_\_\_\_
- 17. Final Accounting or Waivers by all interested parties:  Date Filed: \_\_\_\_\_
- 18. Proof of Service of Final Accounting (*unless waived*)  Date Filed: \_\_\_\_\_

I have reviewed the file and completed the Checklist in this matter. Everything on the Checklist is accounted for and proposed Orders (in Word format) are now proper to be sent to the Judge's office with a cover letter via e-mail only to [ProbateSLC@circuit19.org](mailto:ProbateSLC@circuit19.org).

Attorney Signature (no e-signatures): \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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Creditor	Amount of Claim	Date Claim Filed	Date Satisfied / Stricken

Additional information or comments: