



CHIEF FINANCIAL OFFICER
JEFF ATWATER
STATE OF FLORIDA

FLORIDA UNCLAIMED PROPERTY ESTATE AFFIDAVIT

Estates with Florida-held Unclaimed Property valued at a COMBINED total of \$10,000 or Less

Florida Department of Financial Services, Division of Unclaimed Property
200 E. Gaines Street, Tallahassee, FL 32399 P.O. Box 8599, Tallahassee, FL 32314-8599
www.FLtreasurehunt.org 850-413-5555

SECTION A: Claim Number _____ for Unclaimed Property Account(s):

_____ # _____ # _____ # _____

\$ _____ \$ _____ \$ _____ \$ _____

SECTIONS B through D: TO BE COMPLETED BY BENEFICIARIES (heirs-at-law or devisees) ONLY

SECTION B: Decedent Name: _____ Date of Death: _____ SSN: _____

Select **EITHER** (1) or (2):

_____ 1. The Decedent **left NO will**. The heirs-at-law are:

_____ The spouse of the decedent;

_____ The direct descendants (children, including legally adopted children) of the decedent;

or (select **only one** of the following):

_____ The heirs-at-law are the decedent's surviving parent(s) because there is no surviving spouse and no surviving child; **or**

_____ The heirs-at-law are the decedent's siblings or nieces and nephews because there is no surviving spouse, parent, or child; **or**

_____ The heirs-at-law are the decedent's cousins because there is no surviving spouse, parent, child, sibling, niece or nephew.

_____ 2. The Decedent **left a will. A correct copy of the will is attached.**

SECTION C: EACH beneficiary, including any who agreed to receive zero (\$0.00), has read and **AGREED to the following, and has entered his or her name, address, the amount he or she agreed to receive, his or her signature, and the date in **Section D, on Page Two**:**

1. No probate proceedings are pending (open) in the decedent's estate.
2. **All** beneficiaries have amicably agreed on the division of the unclaimed property **as indicated in Section D**.
3. Copies of documentation to connect each beneficiary to the decedent (for example, birth certificates, death certificates, marriage certificates, closed probate court documents, etc.) are attached.
4. All funeral and last expenses, and all other lawful claims of decedent's estate have been paid.
5. I am unaware of any dispute or potential conflict in regard to the estate and/or the will of decedent.
6. I understand that I shall be personally liable for all lawful claims against the decedent's estate, equal to the value of the unclaimed property I receive, and that I may be liable for attorney's fees and legal costs if any other person is found legally entitled to the property I receive pursuant to this Affidavit.
7. **Each beneficiary, even one who receives zero** (\$0.00), has **completed and signed** Section D, and attached a **legible copy** of his or her current, valid, government-issued photographic identification.

Claim Number: _____

EACH beneficiary (EACH heir-at-law or devisee) has completed and personally signed this form, AGREEING to the following division of the funds, EVEN IF the beneficiary consents to receive a zero (\$0.00) distribution from the unclaimed property.

Under penalties of perjury, I (we) attest that the representations in this Estate Affidavit are true and correct, and that this Affidavit represents the amicable agreement of all of the beneficiaries of the decedent to the division of the unclaimed funds described in Section A.

| | | | |
|--------------------------------|----------------------------|-------|---------------------|
| 1. Print Name, Mailing Address | Relationship To Decedent | Age | Portion to Receive |
| _____ | _____ | _____ | _____ % OR \$ _____ |
| _____ | Signature _____ Date _____ | | |
| _____ | SSN _____ | | |

| | | | |
|--------------------------------|----------------------------|-------|---------------------|
| 2. Print Name, Mailing Address | Relationship To Decedent | Age | Portion to Receive |
| _____ | _____ | _____ | _____ % OR \$ _____ |
| _____ | Signature _____ Date _____ | | |
| _____ | SSN _____ | | |

| | | | |
|--------------------------------|----------------------------|-------|---------------------|
| 3. Print Name, Mailing Address | Relationship To Decedent | Age | Portion to Receive |
| _____ | _____ | _____ | _____ % OR \$ _____ |
| _____ | Signature _____ Date _____ | | |
| _____ | SSN _____ | | |

| | | | |
|--------------------------------|----------------------------|-------|---------------------|
| 4. Print Name, Mailing Address | Relationship To Decedent | Age | Portion to Receive |
| _____ | _____ | _____ | _____ % OR \$ _____ |
| _____ | Signature _____ Date _____ | | |
| _____ | SSN _____ | | |

| | | | |
|--------------------------------|----------------------------|-------|---------------------|
| 5. Print Name, Mailing Address | Relationship To Decedent | Age | Portion to Receive |
| _____ | _____ | _____ | _____ % OR \$ _____ |
| _____ | Signature _____ Date _____ | | |
| _____ | SSN _____ | | |

Social Security numbers provided are confidential and will not be sold, shared or otherwise released as public records.