

OFFICE OF THE CLERK OF THE CIRCUIT COURT
20 NORTH MAIN STREET, ROOM 247
BROOKSVILLE, FL 34601
352-540-6366

CASE NO.: _____

Pursuant to F.S. 732.901, I herewith deliver the attached will of _____
_____ deceased, who resided at _____,
_____ Florida and died at _____, on the _____ day
of _____, 20 _____.
This will is dated the _____ day of _____, 20_____, and consists of
_____ pages.

It *is* / *is not* expected that this estate will be probated. The attorney who will handle the probate of the estate is _____. The attorney for the deceased was _____.

To the best of my knowledge the next of kin of the deceased is/are:

<u>Name</u>	<u>Address</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The funeral home in charge is _____.

This will was delivered by _____.

Signature

Name Printed

The will referred to above was delivered to the Circuit Court of Hernando County, Florida, on the _____ day of _____, 20_____.

Deputy Clerk,
Circuit Court Hernando County, Florida