

**IN THE CIRCUIT COURT FOR THE 14th JUDICIAL CIRCUIT**  
 PROBATE DIVISION

ESTATE OF : \_\_\_\_\_ Case No. \_\_\_\_\_

*References: Florida Statute 735.206, 733.2121 and Rule 5.241 and 5.530*

**AFFIDAVIT OF DILIGENT SEARCH AND INQUIRY FOR CREDITORS rvd 1/2016**

<b>1</b>	<b>WHO ARE YOU?</b>
	Name _____ Address _____
	I am not _____ I am _____ related to the decedent as follows: _____
<b>2.</b>	<b>I have made diligent search and inquiry to discover the names and addresses of all creditors of the decedent including taking the following action:</b>
	_____ <b>Medical Bills:</b> I have determined that the decedent has no unpaid medical bills including at local hospitals.
	_____ <b>Medical Bills:</b> I have determined that the decedent has unpaid medical bills
	<b>At the time of death the decedent was 55 years of age or older :</b> YES _____ NO _____
	<b>If YES,</b> Notice has been provided to the Agency for Health Care Administration. YES _____ NO _____
	_____ <b>Taxes:</b> I have determined that neither the decedent's estate nor the decedent owe taxes. YES _____ NO _____
	_____ <b>Billing Statements:</b> I have checked the decedent's last known mailing address, or mailing P.O. Box for billing statements
	_____ Please note any other action taken to discover creditors

<b><i>UNDER PENALTY OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING AFFIDAVIT OF DILIGENT SEARCH AND THE FACTS STATED THEREIN ARE TRUE</i></b>		
Affiant's Signature:	Print Name of Affiant	
Affiant's Address:		
<b><i>Subscribed and Sworn before me this _____ day of _____ 20_____</i></b>		
<b>State of Florida, County of Bay</b>	Notary Signature or Deputy Clerk	
Personally Known ( )	Print, type, or stamp commissioned name of Notary or Deputy Clerk	
Affiant Produced Identification ( ) Type of ID:		
I certify that I have personally reviewed the foregoing checklist with my client.		
Attorney for Petitioner _____		Date _____
Mailing Address _____		