

IN THE CIRCUIT COURT FOR MANATEE COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No.
Division S

Deceased.

PROOF OF SERVICE OF DISPOSITION WITHOUT
ADMINISTRATION PURSUANT TO F.S. §735.304 (2)

Under penalties of perjury, I swear or affirm that on _____, _____, a copy of the
Disposition of Personal Property without Administration filed in the above proceeding was mailed by
United States mail, or was delivered in a manner permitted by Florida Probate Rule 5.040(a), to:

Agency for Health Care Administration
Florida Medicaid Estate Recovery Program
P.O. Box 12188
Tallahassee, FL 32317

Signed on this _____ day of _____, _____.

Signature of Petitioner

Address of Petitioner:

Phone Number: _____

E-mail Addresses: _____

Subscribed and sworn to (or affirmed) before me on _____ by _____

signer (date) (name of affiant, deponent or other

He/she is personally known to me or has presented _____ as
identification.

Signature of person taking acknowledgment

Name of Acknowledger typed, printed or stamped

Title

(seal) Commission Number & Expiration Date
_____, _____

-- OR --

Angelina Coloneso,
Clerk of Circuit Court
P. O. Box 25400, Bradenton, FL

By:

Deputy Clerk