

IN THE CIRCUIT COURT FOR _____ COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

File No. _____
Division _____

Deceased.

OATH OF PERSONAL REPRESENTATIVE AND
DESIGNATION AND ACCEPTANCE OF RESIDENT AGENT

STATE OF _____
COUNTY OF _____

I, _____ (Affiant), state under oath that:

1. I am qualified within the provisions of sections 733.302, 733.303 and 733.304, Florida Statutes, to serve as personal representative of the estate of _____, deceased. I have reviewed the statutes and understand the qualifications. Under penalties of perjury, I certify that the following statements are true:

- a. I am 18 years of age or older.
- b. I have never been convicted of a felony.
- c. I am mentally and physically able to perform the duties of personal representative.
- d. I am a resident of the State of Florida, or, if I am not a resident of the State of Florida, I am:
 a legally adopted child or adoptive parent of the decedent;
 related by lineal consanguinity to the decedent; a spouse or a brother, sister, uncle, aunt, nephew, or niece of the decedent, or someone related by lineal consanguinity to any such person; or someone related by lineal consanguinity to any such person; or
 the spouse of a person otherwise qualified under one of the provisions above.

2. I will faithfully administer the estate of the decedent according to law.

3. My place of residence is _____
_____ and my post office address is _____

4. I will promptly file and serve a notice on all interested persons at any time I know that I would not be qualified for appointment and will include the reason I would not then be qualified and the date on which the disqualifying event occurred.

5. I will file and serve a notice within 20 days on all interested persons, in the event there is a change in my residence address, street address, or mailing address.

6. I hereby designate _____, who (is) (is not) a member of The Florida Bar, who is a resident of _____ County, Florida, whose (place of residence) (office address) is _____ and whose post office address is _____ as my agent for the service

of process or notice in any action against me, either in my representative capacity, or personally, if the personal action accrued in the administration of the estate.

Affiant

Sworn to (or affirmed) and subscribed before me by means of physical presence or online notarization, on _____, _____ by Affiant, who is personally known to me (yes or no) or who has produced _____ as identification.

(Affix Notarial Seal)

Signature
Notary Public State of _____
My Commission Expires: _____
My Commission Number is: _____

ACCEPTANCE

I CERTIFY that I am a permanent resident of _____, County, Florida, and my (residence) (office) address is as indicated above. I hereby accept the foregoing designation as Resident Agent.

Signed on _____, _____.

Resident Agent

[Print or Type Names Under All Signatures Lines]