

**IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT
STATE OF FLORIDA IN AND FOR HILLSBOROUGH COUNTY**

IN THE INTEREST OF:

Full Printed Name of Decedent

Date of Death

ACKNOWLEDGEMENT OF VENUE

_____ I hereby acknowledge that Hillsborough County, Florida is the legal and proper venue for the filing or depositing of the purported Last Will and Testament of the named Decedent and further attest that venue is established as Hillsborough County, Florida by the satisfaction of at least one of the following ordered criteria required under F.S. 733.101, as indicated:

_____ The Decedent was domiciled in Hillsborough County, Florida at the time of death.
(Pursuant to F.S. 731.201(13), "Domicile" means a person's usual place of dwelling and shall be synonymous with residence.")

_____ The Decedent was not domiciled in the State of Florida at the time of death, but has property located in Hillsborough County, Florida.

_____ The Decedent was not domiciled in the State of Florida at the time of death and did not possess property in the State of Florida, but at least one debtor of the Decedent currently resides in Hillsborough County, Florida.

OR

_____ I cannot attest to the establishment of Hillsborough County, Florida as the proper venue for the filing or depositing of the purported Last Will and Testament of the Decedent.

I understand that if a Hillsborough County Circuit Court determines at a later time that venue is improper, then a court order will be required to release the Will.

Dated this _____ day of _____, 20_____.

Signature of Depositor: _____

Printed Name of Depositor: _____

Relationship of Depositor to the Decedent: _____

THIS ACKNOWLEDGEMENT FORM IS PROVIDED BY THE HILLSBOROUGH COUNTY CLERK OF THE CIRCUIT COURT AND NO INFORMATION CONTAINED HEREIN SHOULD BE CONSIDERED LEGAL ADVICE. IF YOU HAVE LEGAL QUESTIONS OR ARE UNSURE HOW TO PROCEED LEGALLY YOU SHOULD CONSULT AN ATTORNEY BEFORE COMPLETING THIS FORM