

CIRCUIT COURT FOR SAINT JOHNS COUNTY,
FLORIDA PROBATE DIVISION

IN RE: ESTATE OF

WILLIAM DEFOREST THOMPSON,
Deceased

File No. CP15-445
56
Division Probate

PETITION FOR DISCHARGE AND FINAL ACCOUNTING

The Petitioner, William Deforest Thompson, Jr. as Personal Representative of the Estate of William Deforest Thompson, deceased hereby petitions as follows:

1. The Decedent, William Deforest Thompson, whose last known address at the time of death was 58 Seawinds Lane, Ponte Vedra, Florida 32082, died on March 8, 2015 at Jacksonville Beach, Florida. ✓
2. At the date and time of death, the decedent, William Deforest Thompson was domiciled in St. Johns County, Florida. ✓
3. The Petitioner was appointed personal representative of the Estate of William Deforest Thompson on the 10th day of August 2015. ✓
4. The Petitioner, William Deforest Thompson, Jr., as personal representative of the Estate of William Deforest Thompson, deceased, has fully administered the Estate by making payment, settlement or other disposition of all claims and debts that were presented by and making provisions for the payment of all expenses of administration. ✓
5. The persons having an interest in this proceeding and standing as beneficiaries are as follows:

Name	Address	Relationship	Date of Birth
William Deforest Thompson. Jr.	2030 McGregor Blvd. Fort Myers, FL 33901	Natural Son	Adult
Caroline Delongchamps	390 Parapet Court Mount Pleasant, SC 29464	Natural Daughter	Adult

6. The venue of this proceeding is Saint Johns County because the decedent, William Deforest Thompson was domiciled there at the time of his death.
7. The above interested parties, pursuant to Florida Statute §731.302 and as permitted by the rules of the Florida Probate Code, hereby join in this Petition and assert Consent, Waiver and Joinders signed by all interested persons as to the following:
- (a) acknowledging that they are aware of the right to have a final accounting;
 - (b) waiving the filing and service of a final accounting;
 - (c) waiving the inclusion in this petition of the amount of compensation paid or to be paid to the personal representative, attorneys, accountants, appraisers, or other agents, employed by the Personal Representative and the manner of determining that compensation;
 - (d) acknowledging that they have actual knowledge of the amount and manner of determining the compensation of the personal representative and of the attorneys, accountants, appraisers, or other agents, and agreeing to the amount and manner of determining such compensation, and waiving any objections to the payment of such compensation;
 - (e) waiving the inclusion in this petition of a plan of distribution;
 - (f) waiving service of this petition and all notice thereof;
 - (g) acknowledging receipt of complete distribution of the share of the estate to which they are entitled; and
 - (h) consenting to the entry of an order discharging the petition, as Personal Representative, without notice, hearing, or waiting period, and without further accounting.

8. ASSETS OF ESTATE.

Assets to the Estate have been accumulated as follows:

- (a) \$ 19,681.34 cash on hand at time of death
- (b) \$ 404,277.54 attorney's fees settlement from Charles vs. Baptist Medical Center/
Duval County 2012-2677

TOTAL ASSETS TO THE ESTATE \$ 423,958.00

9. The Estate has paid the following expenses:

- (a) Filing fee, Saint Johns County \$ 400.00
- (b) St. Augustine Record / Notice to Creditors \$ 261.94
- (c) William Deforest Thompson, Jr. attorney's fees Reference representation of Estate in Charles v. Baptist Medical Center, Duval County Case No. 12-CA-002677. \$ 36,750.00
- (d) William Deforest Thompson, LLC \$ 17,366.47
- (e) Hal Adams, PA, representing the Estate as follows: \$ 4,500.00
 - (1) Deposit 05/06/15 \$ 1,000.00
 - (2) Payment 10/14/15 2,000.00
 - (3) Payment 02/15/16 1,500.00

TOTAL EXPENSES PAID BY THE ESTATE \$ 59,278.41 + 1,500

10. The Estate shall pay the following expenses:

- (a) Hal Adams, PA 1642 Medical Lane, Suite A Fort Myers, FL 33907 f or attorney's feel representing the Estate \$12,718.76
- Less payments shown in 9 (e) - 4,500.00
- Balance due Hal Adams, PA \$ 8,218.16

+ 1,500 reimbursement money out

personally

statutory 3%

- (b) Creditors' Claims:
- | | |
|----------------------------|------------------|
| (1) AIS / Bank of America | \$ 2,836.24 |
| (2) Baptist Medical Center | \$ <u>169.00</u> |
| Total Creditors' Claims | \$ 3,005.24 |
11. Attached as part of this Petition is a copy of the Affidavit of No Florida State Tax due dated. January 30, 2017.
12. A Notice to Creditors was filed in this estate and the following Statements of Claim were filed:
- (a) AIS Recovery Solutions, LLC as agent for Bank of America \$2,836/24 = Statement of Claim dated September 30, 2015 and filed October 8, 2015
- (b) Baptist Medical Center Beaches \$169.00 = Statement of Claim dated September 18, 2015 and filed September 25, 2015.

TOTAL COSTS TO BE PAID BY ESTATE.

ESTATE RECAP

(a) Assets	\$423,958.00	
(b) Expense payments	\$ 70,501.81	
Available for Distribution		\$353,456.19

Petitioner requests that an order be entered discharging the petitioner as personal representative of the Estate of William Deforest Thompson and releasing any surety on any bond which the petitioner may have posted in this proceeding from any liability on it.

Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true, to the best of my knowledge and belief.

The personal representative of the estate joined by the waivers and consents of the beneficiaries propose distribution and payment as follows:

(a) William Deforest Thompson, Jr., Adult Son

\$ 212,073.69

71,500

(b) Caroline Delongchamps, Adult Daughter

\$ 141,382.90

TOTAL DISTRIBUTION

Signed on this _____ day of _____ 2017.

William Deforest Thompson, Jr.
Petitioner

Hal Adams, P.A.
Attorney for Petitioner
1642 Medical Lane, Suite A
Fort Myers, FL 33907
Telephone (239) 931-9006
Fax (239) 931-9008

By: _____
Hal Adams
Florida Bar 0145564

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AFFIDAVIT OF NO FLORIDA ESTATE TAX DUE

STATE OF FLORIDA
COUNTY OF LEE

I, the undersigned William Deforest Thompson, Jr., do hereby state:

1. I am the personal representative as defined in section 198.01 or s. 731.201, Florida Statutes, as the case may be of the estate of William Deforest Thompson.
2. The decedent referenced above, whose social security number is 187-34-3906 died March 8, 2015 and was domiciled (as defined in s. 198.015, F.S.) at the time of death in the State of Florida. On date of death, the decedent was a U.S. citizen.
3. A federal estate tax return (federal Form 706 or 706-NA) is not required to be filed for the estate.
4. The estate does not owe Florida estate tax pursuant to Chapter 198 of the Florida Statutes.
5. I acknowledge personal liability for distribution in whole or in part of any of the estate by having obtained release of such property from the lien of the Florida estate tax. Under penalty of perjury, I declare that I have read this Affidavit and the facts stated are true. This declaration is based on all information of which the personal representative has any knowledge (92.525 1b and 213.37; 836.06 Florida Statutes.

Executed this _____ day of _____ 2017.

William Deforest Thompson, Jr.
2051 McGregor Blvd.
Fort Myers, FL 33901



STATE OF FLORIDA

COUNTY OF LEE

Sworn to (or affirmed) and subscribed before me by William Deforest Thompson, Jr. on
this _____ day of _____ 2017.

(check one)

- Personally known
- Or produced identification
Type of identification _____

Notary Public

Notary Seal