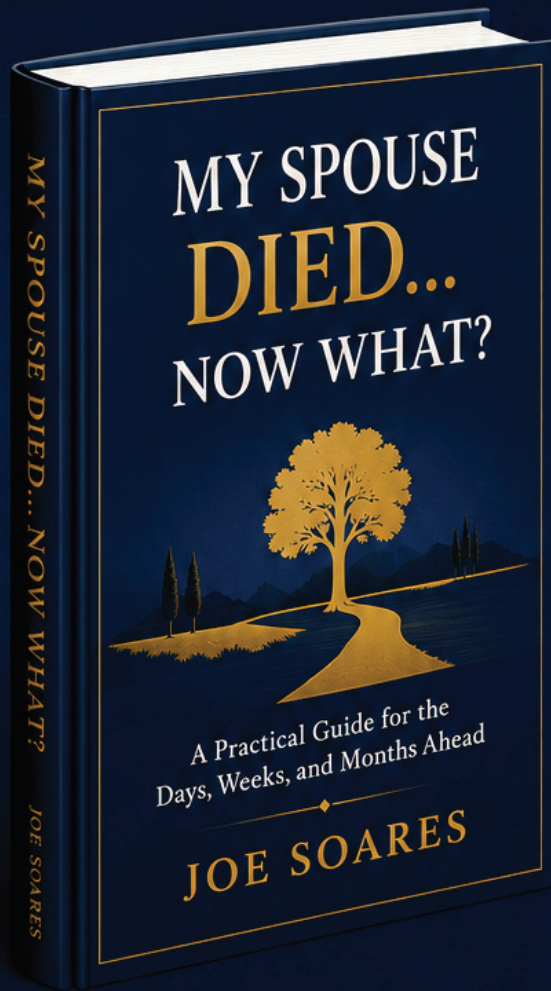


MY SPOUSE DIED... NOW WHAT?



# FLORIDA VEHICLE TITLE TRANSFER

## COMPANION RESOURCE



### *Supplemental Materials*

for Vehicles, Titles, and Registrations



SUPPLEMENTAL COMPANION RESOURCE

*For readers of My Spouse Died... Now What?*

**JOE SOARES**

JoeSoaresMusic.com

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**JOE SOARES**

JoeSoaresMusic.com



# VEHICLE INFORMATION WORKSHEET

Record Important Details About Each Vehicle

"Commit thy works unto the Lord,"  
and thy thoughts shall be established."  
Proverbs 16:3 (KJV)

## PURPOSE

Use this worksheet to record important information about each vehicle owned by your spouse or both of you. This includes cars, trucks, motorcycles, boats, RVs, trailers, and any other titled vehicles.

Having this information in one place will help you with insurance, titles, registrations, loans, and transfers.

Today's Date: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Date of Death (if applicable): \_\_\_\_\_

Completed By: \_\_\_\_\_

Notes: \_\_\_\_\_

## VEHICLE DETAILS

|                                                                                    |                                                                                                                                                                                                                                                |                                    |              |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------|
|    | Vehicle Type: <input type="checkbox"/> Car <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle <input type="checkbox"/> RV <input type="checkbox"/> Boat <input type="checkbox"/> Trailer <input type="checkbox"/> Other: _____ |                                    |              |
|    | Year: _____                                                                                                                                                                                                                                    | Make: _____                        | Model: _____ |
|                                                                                    | VIN (Vehicle Identification Number): _____                                                                                                                                                                                                     |                                    |              |
|    | License Plate Number: _____                                                                                                                                                                                                                    | State: _____                       |              |
|    | Current Mileage / Hours: _____                                                                                                                                                                                                                 | Color: _____                       |              |
|    | Title Location (include folder, safe, or office name): _____                                                                                                                                                                                   |                                    |              |
|   | Registration Expiration Date: _____                                                                                                                                                                                                            | Title Issue Date (if known): _____ |              |
|  | Insurance Company: _____                                                                                                                                                                                                                       | Policy Number: _____               |              |
|                                                                                    | Insurance Agent / Contact Name: _____                                                                                                                                                                                                          | Phone: _____                       | Email: _____ |
|  | Loan or Lien Holder (if any): _____                                                                                                                                                                                                            |                                    |              |
|                                                                                    | Account Number: _____                                                                                                                                                                                                                          | Phone: _____                       |              |
|  | Payoff Balance (if known): \$ _____                                                                                                                                                                                                            | Monthly Payment: \$ _____          |              |
|  | Key Location: _____                                                                                                                                                                                                                            | Spare Key Location: _____          |              |
|  | Maintenance Notes / Recent Repairs: _____                                                                                                                                                                                                      |                                    |              |
|  | Special Notes (accessories, storage location, etc.): _____                                                                                                                                                                                     |                                    |              |

## IMPORTANT DOCUMENTS



- ☐ Certificate of Title
- ☐ Registration Card
- ☐ Proof of Insurance
- ☐ Loan / Lien Documents
- ☐ Maintenance Records
- ☐ Owner's Manual
- ☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## ESTIMATED VALUE



Estimated Value (as of today):

\$ \_\_\_\_\_

Where Valuation Found:

\_\_\_\_\_

\_\_\_\_\_

Date Valued: \_\_\_\_\_

## TRANSFERS & NEXT STEPS



- ☐ Update Insurance
- ☐ Payoff Loan / Lien
- ☐ Create Bill of Sale (if needed)
- ☐ Transfer Title
- ☐ Update Registration
- ☐ Other: \_\_\_\_\_

## ADDITIONAL NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REMEMBER



Keep all vehicle documents in a safe place with your Important Documents binder.

Organization today brings peace tomorrow.





# VEHICLE TRANSFER CHECKLIST – BLANK WORKSHEET

## A STEP-BY-STEP GUIDE TO TRANSFER OWNERSHIP AFTER THE DEATH OF A SPOUSE

### ESTATE INFORMATION

Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Surviving Spouse: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Date Prepared: \_\_\_\_\_

#### 4. IF THE TITLE IS LOST, DAMAGED, OR UNAVAILABLE

You must apply for a replacement title.

Complete the following:

- ☐ Complete HSMV Form 82040 (Application for Duplicate Title)
- ☐ Provide proof of ownership (bill of sale, registration, insurance card, or other acceptable document)
- ☐ Provide a certified copy of the death certificate
- ☐ Pay the duplicate title fee

Notes: \_\_\_\_\_  
\_\_\_\_\_

#### 5. FEES AND TAXES (Check with your local tax collector for current amounts)

| FEE / TAX TYPE       | PURPOSE                            | ESTIMATED AMOUNT | PAID (Y / N)                                             |
|----------------------|------------------------------------|------------------|----------------------------------------------------------|
| Title Transfer Fee   | State fee for issuing new title    | \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sales Tax (6%)       | Based on vehicle value             | \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Local Option Tax     | Varies by county                   | \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| New Registration Fee | Based on vehicle weight and county | \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| License Plate Fee    | Standard or specialty plate        | \$ _____         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                      | TOTAL ESTIMATED:                   | \$ _____         |                                                          |

#### 6. AFTER THE TRANSFER

#### COMPLETED

- |                          |                                                             |                          |
|--------------------------|-------------------------------------------------------------|--------------------------|
| <input type="checkbox"/> | Update vehicle insurance policy to show you as the owner.   | <input type="checkbox"/> |
| <input type="checkbox"/> | Keep the new title in a safe place.                         | <input type="checkbox"/> |
| <input type="checkbox"/> | Update your address with the FLHSMV (if needed).            | <input type="checkbox"/> |
| <input type="checkbox"/> | Remove any toll transponders or update account information. | <input type="checkbox"/> |

#### WHERE TO GO

Visit your local tax collector office or  
a FLHSMV service center.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### SUMMARY (Page 2 of 2)

Vehicle(s) Transferred: \_\_\_\_\_  
Titles Received: \_\_\_\_\_  
Total Fees Paid: \$ \_\_\_\_\_  
Date Completed: \_\_\_\_\_

#### ADDITIONAL NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



*"Well done, good and faithful servant." Matthew 25:23 (KJV)*







# VEHICLE TRANSFER CHECKLIST – BLANK WORKSHEET

## A STEP-BY-STEP GUIDE TO TRANSFER OWNERSHIP AFTER THE DEATH OF A SPOUSE

### ESTATE INFORMATION

Decedent: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Surviving Spouse: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
Date Prepared: \_\_\_\_\_

**INSTRUCTIONS:** Use this checklist to guide you through the steps to transfer vehicle ownership in Florida.

Keep all documents together and take this checklist with you to the Florida Department of Highway Safety and Motor Vehicles (FLHSMV).

### 1. VEHICLE INFORMATION (Complete for Each Vehicle)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_  
Vehicle Identification Number (VIN): \_\_\_\_\_  
Florida Title Number: \_\_\_\_\_ Current License Plate: \_\_\_\_\_  
Date of Death (Owner): \_\_\_\_\_ Was Decedent the Sole Owner? ☐ Yes ☐ No  
If "No", List Co-Owner(s): \_\_\_\_\_

### 2. DOCUMENTS CHECKLIST – WHAT YOU WILL NEED

|                                                                                                                     | IN HAND                  | NOT APPLICABLE           |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Florida Certificate of Title (original)                                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Completed Application for Certificate of Title With/Without Registration (HSMV Form 82040) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Surviving Spouse's Florida Driver License or ID                                            | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Proof of Insurance (insurance card or letter)                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Death Certificate (certified copy)                                                         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Proof of Ownership (if title is lost – see Section 4)                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Payment for Title Fees and Taxes (see Section 5)                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Power of Attorney (if someone is handling this for you)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Divorce Decree or Court Order (if applicable)                                              | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Release of Lien (if vehicle loan has been paid off)                                        | <input type="checkbox"/> | <input type="checkbox"/> |

### 3. STEP-BY-STEP PROCESS

|                                                                                   | COMPLETED                |
|-----------------------------------------------------------------------------------|--------------------------|
| 1. Locate the original title and review for any liens.                            | <input type="checkbox"/> |
| 2. Confirm vehicle insurance is active in the surviving spouse's name.            | <input type="checkbox"/> |
| 3. Complete HSMV Form 82040.                                                      | <input type="checkbox"/> |
| 4. Gather all required documents (see Section 2).                                 | <input type="checkbox"/> |
| 5. Pay applicable title transfer fees, taxes, and any plate or registration fees. | <input type="checkbox"/> |
| 6. Visit your local tax collector office or a FLHSMV service center.              | <input type="checkbox"/> |
| 7. Submit all documents and payment.                                              | <input type="checkbox"/> |
| 8. Receive new title in the surviving spouse's name.                              | <input type="checkbox"/> |

#### TIPS

- Both spouses may sign the title for simpler transfer.
- If the title is lost, you can apply for a duplicate (see Section 4).
- Keep a copy of all documents for your records.

“Commit thy way unto the Lord;  
trust also in him; and he shall  
bring it to pass.”

Psalm 37:5 (KJV)

#### IMPORTANT

You have 30 days from the date  
of the owner's death to transfer  
the title to avoid potential  
penalties or issues.



“Well done, good and faithful servant.” Matthew 25:23 (KJV)







# FLORIDA DMV VISIT CHECKLIST

*What to Do When You Go to the Tax Collector or DMV Office*



## BE PREPARED

Having everything ready will save you time and prevent a second trip.

This is a fictional example for instructional purposes only. Do not use this checklist for any actual transactions. Always verify requirements with the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or your local Tax Collector office.

### 1. BEFORE YOU GO



Plan ahead and gather everything you need before your visit.

- ☐ Confirm office hours online.
- ☐ Check for required appointments at your local office.
- ☐ Gather all required documents (see next column).
- ☐ Bring payment for all fees (check, cash, or card – as accepted).
- ☐ Allow extra time in case of lines or delays.



#### BRING WITH YOU

A valid photo ID is required for all transactions.

### 2. DOCUMENTS TO BRING



Make sure you have all required documents with you.

- ☐ Original Florida Certificate of Title (with assignment to you)
- ☐ Completed and signed HSMV 82040 (Application for Certificate of Title)
- ☐ Valid Florida Driver License or ID (yours)
- ☐ Proof of Insurance (current policy)
- ☐ Death Certificate (copy – if requested)
- ☐ Lien Release (if vehicle had a loan)
- ☐ Payment for all applicable fees



#### TIP

Keep documents in a folder in the order listed above.

### 3. AT THE OFFICE



Follow these steps during your visit.

- ☐ Take a number and wait to be called.
- ☐ Tell the clerk you are transferring a title as surviving spouse.
- ☐ Hand the clerk all your documents.
- ☐ Review your information for accuracy.
- ☐ Pay all required fees.
- ☐ The clerk will process your transaction.
- ☐ You will be issued your new Florida Certificate of Title in your name.



#### VERIFY EVERYTHING

Check your name, address, VIN, and other details on the new title before leaving.

### 4. AFTER YOUR VISIT



Don't forget these important follow-up steps.

- ☐ Keep your new title in a safe place.
- ☐ Update your auto insurance policy with your new ownership information.
- ☐ Notify your lender (if applicable).
- ☐ Update your vehicle registration when due.
- ☐ Store all documents for your records.



#### KEEP A COPY

Make copies of your new title and all documents for your records before you leave the office.

### 5. FEES TO EXPECT



Fees are subject to change. Verify current amounts at [www.flhsmv.gov](http://www.flhsmv.gov).

Standard Title Transfer Fee ..... \$75.00  
Electronic Title Fee ..... \$2.00  
Mail-In Title Transfer Fee ..... \$2.50  
Optional Expedited Service Fee .... Varies

**TOTAL (EXAMPLE) ..... \$79.50**

#### NOTE

Additional fees may apply for specialty plates, duplicate titles, or other services.

#### OFFICE CONTACT (EXAMPLE)

**SCOTT RANDOLPH**  
ORANGE COUNTY TAX COLLECTOR  
WINTER GARDEN SERVICE CENTER  
12500 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787  
(407) 836-4145  
[www.occompt.com](http://www.occompt.com)



### CONGRATULATIONS!

You have successfully transferred the vehicle into your name. Drive safely and keep all important documents organized.



#### HELPFUL WEBSITES

**FLHSMV Official Website:** [www.flhsmv.gov](http://www.flhsmv.gov)  
Check current fees, requirements, and forms.

**Local Tax Collector:** [www.occompt.com](http://www.occompt.com)  
Check your county website for locations and hours.



### IMPORTANT:

Requirements, fees, and processes can change. Always verify the most current information with the Florida Department of Highway Safety and Motor Vehicles ([www.flhsmv.gov](http://www.flhsmv.gov)) or your local Tax Collector office before your visit.





# FLORIDA VEHICLE TRANSFER PACKET

## Sample Documents for Estate Administration

### SAMPLE DOCUMENTS – FOR INSTRUCTIONAL PURPOSES ONLY

These are fictional examples provided for instructional purposes only. The names, dates, addresses, and information shown are entirely fictitious and should not be copied or submitted to any government agency. Always use your own information and consult the appropriate agency or professional for current requirements.

#### 1. FLORIDA CERTIFICATE OF TITLE (EXAMPLE)

|                                                                                                                                                          |                                                                        |                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------|
| HSMV 82040S<br>REV. 07/23                                                                                                                                | STATE OF FLORIDA<br>DEPARTMENT OF HIGHWAY SAFETY<br>AND MOTOR VEHICLES | 123456789<br>TITLE NUMBER |
| <b>CERTIFICATE OF TITLE</b>                                                                                                                              |                                                                        |                           |
| This is to certify that the person named below is the owner of the vehicle described herein,<br>subject to the terms and conditions of this certificate. |                                                                        |                           |
| VEHICLE IDENTIFICATION NUMBER<br>1HGCM82633A123456                                                                                                       | YEAR<br>2013                                                           | MAKE<br>HONDA             |
| MODEL<br>ACCORD                                                                                                                                          | BODY STYLE<br>4DR SEDAN                                                |                           |
| TITLE ISSUE DATE<br>05/20/2024                                                                                                                           | ODOMETER READING<br>142,765                                            | ODOMETER STATUS<br>ACTUAL |
| FUEL<br>GAS                                                                                                                                              |                                                                        |                           |
| OWNER(S) (PRINTED)<br>ROBERT D. JOHNSON (Deceased)<br>ELIZABETH A. JOHNSON (Surviving Spouse)                                                            |                                                                        |                           |
| MAILING ADDRESS<br>7421 Magnolia Ridge Lane<br>Winter Garden, FL 34787                                                                                   |                                                                        |                           |
| LIENHOLDER(S)<br>NONE                                                                                                                                    |                                                                        |                           |
| I certify that the statements on this certificate are true and correct to the best of my knowledge.                                                      |                                                                        |                           |
| SIGNATURE OF ISSUING AUTHORITY                                                                                                                           | DATE<br>05/20/2024                                                     |                           |
| THIS IS A SECURITY DOCUMENT – ALTERATION OR ERASURE VOIDS THIS TITLE                                                                                     |                                                                        |                           |

#### 2. HSMV APPLICATION FOR TRANSFER OF TITLE (HSMV 82040)

THIS APPLICATION MUST BE COMPLETED IN FULL AND SIGNED IN PRESENCE OF A FLORIDA LICENSED DEALER OR AT A TAX COLLECTOR OFFICE.

|                                                                                                                                                       |                                                    |                             |                 |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------|-----------------|----------------------------|
| <b>VEHICLE INFORMATION</b>                                                                                                                            |                                                    |                             |                 |                            |
| Vehicle Identification Number (VIN)<br>1HGCM82633A123456                                                                                              | Year<br>2013                                       | Make<br>Honda               | Model<br>Accord | Body Style<br>4 Door Sedan |
| <b>CURRENT OWNER (SELLER)</b>                                                                                                                         |                                                    |                             |                 |                            |
| Name<br>Robert D. Johnson (Deceased)                                                                                                                  | Florida Driver License Number<br>N/A               | Date of Death<br>02/28/2024 |                 |                            |
| <b>NEW OWNER (BUYER)</b>                                                                                                                              |                                                    |                             |                 |                            |
| Name<br>Elizabeth A. Johnson                                                                                                                          | Florida Driver License Number<br>J543-872-63-221-0 | Date of Birth<br>07/18/1962 |                 |                            |
| <b>MAILING ADDRESS</b><br>7421 Magnolia Ridge Lane, Winter Garden, FL 34787                                                                           |                                                    |                             |                 |                            |
| <b>APPLICATION TYPE</b>                                                                                                                               |                                                    |                             |                 |                            |
| <input checked="" type="checkbox"/> Transfer of Title (No Lien) <input type="checkbox"/> Transfer of Title with Lien <input type="checkbox"/> Other   |                                                    |                             |                 |                            |
| <b>CERTIFICATION</b>                                                                                                                                  |                                                    |                             |                 |                            |
| I certify that I am the legal owner of the vehicle described above and that the information provided is true and correct to the best of my knowledge. |                                                    |                             |                 |                            |
| Signature of Seller<br>Note                                                                                                                           | N/A - Deceased                                     |                             | DATE            |                            |
| Signature of Buyer<br>Shoe                                                                                                                            | Elizabeth A. Johnson                               |                             | DATE            | 05/20/2024                 |
| FEE PAID: \$75.00 CHECK NUMBER: 4587 RECEIPT NUMBER: 241052987                                                                                        |                                                    |                             |                 |                            |

#### 3. LETTER TO COUNTY CLERK

Elizabeth A. Johnson  
7421 Magnolia Ridge Lane  
Winter Garden, FL 34787  
May 20, 2024

Orange County Clerk of Court  
Records Department  
425 N. Orange Avenue, Suite 210  
Orlando, FL 32801

**RE:** Recording Packet – Transfer of Vehicle Title

Dear Clerk:

Enclosed please find the documents required to transfer title of a motor vehicle in the estate of Robert D. Johnson to me, Elizabeth A. Johnson.

**Enclosed Documents:**

- Certificate of Title (signed)
- HSMV Application for Transfer of Title
- Bill of Sale (Notarized)
- Death Certificate (Certified Copy)
- Copy of Driver License (Buyer)

Please record and return the documents to the address above in the enclosed self-addressed stamped envelope. If additional information is required, please contact me at (407) 555-2184.

Thank you for your assistance.

Sincerely,

*Elizabeth A. Johnson*  
Elizabeth A. Johnson

#### 4. RECORDING PACKET COVER SHEET

RETURN TO:  
Elizabeth A. Johnson  
7421 Magnolia Ridge Lane  
Winter Garden, FL 34787

**FOR CLERK'S USE ONLY**

Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_  
Document No(s): \_\_\_\_\_

**DOCUMENTS ENCLOSED**

- ☐ Certificate of Title – Signed
- ☐ HSMV Application for Transfer of Title
- ☐ Bill of Sale (Notarized)
- ☐ Death Certificate (Certified Copy)
- ☐ Copy of Driver License (Buyer)
- ☐ Cover Letter
- ☐ Additional Documents (if any): \_\_\_\_\_

|                               |       |        |                   |
|-------------------------------|-------|--------|-------------------|
| <b>DESCRIPTION OF VEHICLE</b> |       |        |                   |
| Year                          | Make  | Model  | VIN               |
| 2013                          | Honda | Accord | 1HGCM82633A123456 |

**NOTES**

Thank you for your prompt processing.

#### 5. CLERK RECORDING CHECKLIST

To ensure all documents are complete before submission.

- ☐ Certificate of Title (signed by seller and buyer)
- ☐ HSMV Application for Transfer of Title (completed and signed)
- ☐ Bill of Sale (Notarized)
- ☐ Death Certificate (Certified Copy)
- ☐ Copy of Buyer Driver License
- ☐ Cover Letter
- ☐ Appropriate Fees (Check or Money Order)
- ☐ Self-Addressed Stamped Envelope

**FOR CLERK'S USE ONLY**

Recorded By: \_\_\_\_\_ Date: \_\_\_\_\_

Document Number(s): \_\_\_\_\_

Comments: \_\_\_\_\_

#### 6. BILL OF SALE (EXAMPLE – NOTARIZED)

**BILL OF SALE**

This Bill of Sale is made this 20th day of May, 2024, by Robert D. Johnson, as Seller, to Elizabeth A. Johnson, as Buyer.

The Seller hereby sells, transfers and assigns to the Buyer the following motor vehicle:  
Year: 2013 Make: Honda Model: Accord VIN: 1HGCM82633A123456

The Seller certifies that they are the legal owner of the vehicle and that it is free and clear of all liens and encumbrances.

The Buyer accepts the vehicle in "as is" condition.

*Robert D. Johnson*  
Seller

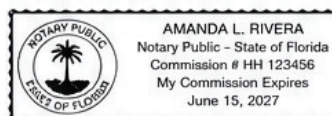
*Elizabeth A. Johnson*  
Buyer

STATE OF FLORIDA  
COUNTY OF ORANGE

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization this 20th day of May, 2024, by Robert D. Johnson, who is personally known to me or who has produced \_\_\_\_\_ as identification.

*Amanda L. Rivera*  
Notary Public, State of Florida

My Commission Expires: 06/15/2027  
Commission No.: HH 123456





# FLORIDA VEHICLE TRANSFER PACKET (CONTINUED)

## SAMPLE DOCUMENTS FOR TRANSFERRING A VEHICLE AFTER A SPOUSE'S DEATH

These are fictional examples provided for instructional purposes only.  
Do not use these forms for any actual transactions. Always verify requirements with the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) or a licensed professional.

### 5. VEHICLE TRANSFER CHECKLIST

- ☒ Confirm you are the surviving spouse and sole owner
- ☒ Gather original Certificate of Title
- ☒ Complete and sign HSMV 82040 (Application for Title)
- ☒ Provide valid driver license or ID
- ☒ Pay title transfer fee (see current fees at [www.flhsmv.gov](http://www.flhsmv.gov))
- ☒ Submit documents in person or by mail to local tax collector
- ☒ Receive new title in your name
- ☒ Update auto insurance policy
- ☒ Notify lender (if applicable)
- ☒ Keep copies of all documents for your records

#### Helpful Notes:

- Visit [www.flhsmv.gov](http://www.flhsmv.gov) for current fees and walk-in wait times.
- You may also update your registration when you title the vehicle.
- Retain copies of the death certificate and new title with your important documents.



### 6. LETTER TO INSURANCE COMPANY (EXAMPLE)

Serenity Auto Insurance  
PO Box 4500  
Orlando, FL 32802

May 20, 2024

**RE:** Change of Ownership – Deceased Spouse

Policy Number: **ABC123456789**  
Insured: **Thomas E. Bennett (deceased)**  
Vehicle: **2016 Ford F-150**  
VIN: **1FTRX18L7XNB45672**

Dear Customer Service,

I am writing to notify you that my husband, Thomas E. Bennett, passed away on February 28, 2023. I am the surviving spouse and the sole owner of the above vehicle.

Enclosed please find a copy of the Certificate of Title showing the transfer of ownership to me. Please update your records to reflect the change in ownership.

If you require any additional information, please let me know.

Thank you for your assistance.

Sincerely,

*Margaret L. Bennett*

Margaret L. Bennett  
7421 Magnolia Ridge Lane  
Winter Garden, FL 34787  
(407) 555-2184  
[margaret.bennett@email.com](mailto:margaret.bennett@email.com)

#### DOCUMENTS ENCLOSED

- Copy of Florida Certificate of Title
- Copy of Death Certificate (if requested)

### 7. DMV (TAX COLLECTOR OFFICE) VISIT CHECKLIST

#### Before You Go:

- ☒ Original Florida Certificate of Title
- ☒ Completed and signed HSMV 82040
- ☒ Valid Florida Driver License or ID
- ☒ Proof of Insurance (current policy)
- ☒ Payment for title transfer fee
- ☒ (Optional) Death Certificate – may be requested
- ☒ (Optional) Lien Release – if there was a loan

#### At the Office:

- ☐ Take a number and wait to be called
- ☐ Submit documents to clerk
- ☐ Pay all required fees
- ☐ Verify your name and address are correct on the new title
- ☐ Receive your new Florida Certificate of Title

#### Common Fees (As of May 2024 – subject to change)

| Fee Type                             | Amount  |
|--------------------------------------|---------|
| Standard Title Transfer Fee          | \$75.00 |
| Mail-In Title Transfer Fee           | \$2.50  |
| Electronic Title Fee (if applicable) | \$2.00  |

Check [www.flhsmv.gov](http://www.flhsmv.gov) for the most current fee schedule.

### 8. SAMPLE RECEIPT – TAX COLLECTOR OFFICE



**SCOTT RANDOLPH**  
**ORANGE COUNTY TAX COLLECTOR**  
**WINTER GARDEN SERVICE CENTER**  
12500 W. COLONIAL DRIVE  
WINTER GARDEN, FL 34787  
(407) 836-4145

#### RECEIPT

Thank you for your business!

RECEIPT NO.  
R-24-056789

DATE  
05/20/2024

TIME  
10:32 AM

#### CUSTOMER INFORMATION

Name: **Margaret L. Bennett**  
Address: **7421 Magnolia Ridge Lane**  
**Winter Garden, FL 34787**

#### TRANSACTION DETAILS

Transaction: **Title Transfer – Surviving Spouse**  
Vehicle: **2016 Ford F-150**  
VIN: **1FTRX18L7XNB45672**  
Previous Owner: **Thomas E. Bennett (Deceased)**  
New Owner: **Margaret L. Bennett**

#### FEES PAID

|                             |                |
|-----------------------------|----------------|
| Standard Title Transfer Fee | \$75.00        |
| Electronic Title Fee        | \$2.00         |
| Mail-In Title Transfer Fee  | \$2.50         |
| <b>TOTAL PAID</b>           | <b>\$79.50</b> |

Keep this receipt with your important documents.

Your new title will be mailed to you within 10-15 business days.



**IMPORTANT:** Requirements and fees can change. Always check [www.flhsmv.gov](http://www.flhsmv.gov) or contact your local Tax Collector office for the most current information.



# FLORIDA DMV APPLICATION EXAMPLE

This is an example of how the Application for Certificate of Title With/Without Registration (Form 82040) may be completed when transferring ownership to a surviving spouse.

**This is an example only. Do not copy exactly. Always follow current Florida DMV requirements.**

|                                                                                                                                                                                                                         |                                                                                                                                                      |                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <b>FLORIDA HSMV</b><br>DIVISION OF MOTOR VEHICLES                                                                                                                                                                       | <b>APPLICATION FOR CERTIFICATE OF TITLE WITH/WITHOUT REGISTRATION</b><br>Form 82040 (Rev. 01/23)                                                     | <b>FOR OFFICE USE ONLY</b><br>Date Received: _____<br>Batch / Clerk: _____ |
| <b>1. APPLICANT INFORMATION (Surviving Spouse / New Owner)</b>                                                                                                                                                          |                                                                                                                                                      |                                                                            |
| Full Legal Name: <u>Carol Anne Sample</u>                                                                                                                                                                               |                                                                                                                                                      | Florida Driver License or ID Number: <u>S123-456-78-901-0</u>              |
| Address: <u>1234 Sunshine Drive</u><br><u>Leesburg, FL 34748</u>                                                                                                                                                        |                                                                                                                                                      | Phone Number: <u>(352) 555-1234</u>                                        |
| <b>2. VEHICLE INFORMATION</b>                                                                                                                                                                                           |                                                                                                                                                      |                                                                            |
| Vehicle Identification Number (VIN):<br><u>1HGBH41JXMN109186</u>                                                                                                                                                        | Year:<br><u>2018</u>                                                                                                                                 | Make:<br><u>Toyota</u>                                                     |
| Model:<br><u>Camry</u>                                                                                                                                                                                                  |                                                                                                                                                      |                                                                            |
| Body Type:<br><u>4D</u>                                                                                                                                                                                                 | Color:<br><u>Silver</u>                                                                                                                              | Odometer Reading (No Tenths):<br><u>48,256</u>                             |
| Check One:<br><input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers                                                                                                                             |                                                                                                                                                      |                                                                            |
| <b>3. APPLICATION TYPE (Check all that apply)</b>                                                                                                                                                                       |                                                                                                                                                      |                                                                            |
| <input checked="" type="checkbox"/> Transfer of title to a surviving spouse<br><input type="checkbox"/> Transfer with registration<br><input type="checkbox"/> Title only<br><input type="checkbox"/> Registration only | Reason for transfer:<br><input checked="" type="checkbox"/> Death of Owner<br><input type="checkbox"/> Gift<br><input type="checkbox"/> Other: _____ |                                                                            |
| <b>4. PREVIOUS OWNER INFORMATION (Deceased Spouse)</b>                                                                                                                                                                  |                                                                                                                                                      |                                                                            |
| Full Legal Name: <u>John Michael Sample</u>                                                                                                                                                                             |                                                                                                                                                      | Date of Death: <u>03/14/2024</u>                                           |
| <b>5. LIENHOLDER INFORMATION (If applicable)</b>                                                                                                                                                                        |                                                                                                                                                      |                                                                            |
| Lienholder Name: <u>None</u>                                                                                                                                                                                            |                                                                                                                                                      | <input checked="" type="checkbox"/> No lien on vehicle                     |
| <b>6. ODOMETER DISCLOSURE (Federal and State Law Requires This Section to Be Completed)</b>                                                                                                                             |                                                                                                                                                      |                                                                            |
| I certify that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked.                                                                                             |                                                                                                                                                      |                                                                            |
| Odometer Reading (No Tenths): <u>48,256</u>                                                                                                                                                                             |                                                                                                                                                      |                                                                            |
| <input checked="" type="checkbox"/> I certify that the odometer reading is the actual mileage.<br><input type="checkbox"/> I certify that the odometer reading is NOT the actual mileage.                               |                                                                                                                                                      |                                                                            |
| WARNING – ODOMETER DISCREPANCY                                                                                                                                                                                          |                                                                                                                                                      |                                                                            |
| <b>7. CERTIFICATION</b>                                                                                                                                                                                                 |                                                                                                                                                      |                                                                            |
| Under penalties of perjury, I certify that all statements on this application are true and correct.                                                                                                                     |                                                                                                                                                      |                                                                            |
| Applicant Signature: <u>Carol Anne Sample</u>                                                                                                                                                                           |                                                                                                                                                      | Date: <u>05/20/2024</u>                                                    |



## HELPFUL TIP

Fees and requirements may vary slightly by county. Check with your local tax collector office or visit [www.flhsmv.gov](http://www.flhsmv.gov) for the most current information.



## SURVIVING SPOUSE BENEFIT

Transfers between spouses are exempt from Florida sales tax and documentary stamp tax (§201.18(6)(a), F.S.) when the surviving spouse already owns the home that is the primary residence.



## ODOMETER REQUIREMENT

Federal and state law require the odometer disclosure to be completed when the vehicle is less than 10 model years old.



## AFTER YOU APPLY

- You will receive your new title (and registration if applicable) by mail.
- Keep a copy of this application for your records.
- Update your insurance provider with the new ownership.

## REQUIRED DOCUMENTS (May vary by county)

- ☒ Certified Copy of Death Certificate
- ☒ Proof of Identity (Florida Driver License or ID)
- ☒ Proof of Florida Insurance
- ☒ Transfer from Out-of-State (if applicable)
- ☒ Payment for Applicable Fees



**IMPORTANT:** Take this completed application, along with all required documents, to your local tax collector office.



# Application for Certificate of Title With/Without Registration

www.flhsmv.gov

**HSMV 82040**  
Rev. 07/23

☐ Original Certificate of Title    ☐ Transfer    ☐ Duplicate    ☐ Add/Remove Lien    ☐ Registration Only

## SECTION 1 – VEHICLE INFORMATION

|                                     |                |                      |                                                                                                                                                                                                                 |
|-------------------------------------|----------------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Vehicle Identification Number (VIN) | Year           | Make                 | Body                                                                                                                                                                                                            |
| Model                               | Color          | Odometer Reading     | Odometer Status (Check one)<br><input type="checkbox"/> Actual Mileage <input type="checkbox"/> Exceeds Mechanical Limits<br><input type="checkbox"/> Not Actual Mileage <input type="checkbox"/> No Disclosure |
| Previous Title Number (if any)      | State of Issue | License Plate Number | Registration Expires                                                                                                                                                                                            |

## SECTION 2 – APPLICANT/OWNER INFORMATION

|                                                               |       |          |                                  |
|---------------------------------------------------------------|-------|----------|----------------------------------|
| Primary Owner/Applicant Name (Last, First, Middle or Initial) |       |          | Driver License or ID Card Number |
| Street Address                                                |       |          | Date of Birth                    |
| City                                                          | State | Zip Code | Telephone Number<br>(    )    -  |
| Email Address (Optional)                                      |       |          |                                  |
| Co-Owner Name (If applicable)                                 |       |          | Driver License or ID Card Number |
| Street Address                                                |       |          | Date of Birth                    |
| City                                                          | State | Zip Code | Telephone Number<br>(    )    -  |

## SECTION 3 – LIENHOLDER INFORMATION (If applicable)

|                       |       |          |                        |       |          |
|-----------------------|-------|----------|------------------------|-------|----------|
| First Lienholder Name |       |          | Second Lienholder Name |       |          |
| Lienholder Address    |       |          | Lienholder Address     |       |          |
| City                  | State | Zip Code | City                   | State | Zip Code |

## SECTION 4 – APPLICATION TYPE (Check all that apply)

- |                                                                       |                                                                        |
|-----------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Transfer (Vehicle Purchased)                 | <input type="checkbox"/> Transfer (Gift)                               |
| <input type="checkbox"/> Transfer (Inheritance)                       | <input type="checkbox"/> Transfer (Surviving Spouse)                   |
| <input type="checkbox"/> Duplicate Title (Lost, Stolen, or Mutilated) | <input type="checkbox"/> Add Lien <input type="checkbox"/> Remove Lien |
| <input type="checkbox"/> Registration Only                            | <input type="checkbox"/> Other: _____                                  |

## SECTION 5 – APPLICANT CERTIFICATION

Under penalties of perjury, I/we declare that I/we have read the foregoing application and that the statements are true. I/we certify that the vehicle described is free of all liens or that the lien(s) is/ are listed in Section 3.

|                                    |      |
|------------------------------------|------|
| Applicant/Owner Signature          | Date |
| Co-Owner Signature (If applicable) | Date |

## SECTION 6 – DEALER/AGENT INFORMATION (If applicable)

|                        |      |                     |          |
|------------------------|------|---------------------|----------|
| Dealer/Agent Name      |      | Dealer/Agent Number |          |
| Street Address         | City | State               | Zip Code |
| Dealer/Agent Signature |      |                     | Date     |

## FOR OFFICE USE ONLY

|                     |             |                               |
|---------------------|-------------|-------------------------------|
| Title Number Issued | Date Issued | Total Fees Collected \$ _____ |
| Plate Number Issued | Date Issued | County                        |

Application Approved By:

\_\_\_\_\_

**NOTICE:** Any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082, F.S.



HSMV

STATE OF FLORIDA

HSMV

# CERTIFICATE OF TITLE

\*\*\*\* SAMPLE TITLE - NOT FOR OFFICIAL USE \*\*\*\*

**TITLE NUMBER**

0123456789

**DATE ISSUED**

May 20, 2025

## VEHICLE INFORMATION

| VEHICLE IDENTIFICATION NUMBER (VIN) | MAKE                 | YEAR                 | MODEL           | BODY     |
|-------------------------------------|----------------------|----------------------|-----------------|----------|
| 1HGCM82633A123456                   | Honda                | 2003                 | Accord EX       | 4D Sedan |
| TITLE TYPE                          | VEHICLE USE          | ODOMETER READING     | ODOMETER STATUS | FUEL     |
| ORIGINAL                            | PRIVATE              | 128,750              | ACTUAL MILEAGE  | GAS      |
| COLOR                               | PREVIOUS TITLE STATE | LICENSE PLATE NUMBER | PLATE EXPIRES   | WEIGHT   |
| SILVER                              | FLORIDA              | ABC123 (FL)          | 08/2025         | 3,100    |

## REGISTERED OWNER(S)

NAME(S)  
WILLIAM "BILL" CARTER AND HELEN CARTER  
TENANTS BY THE ENTIRETY  
ADDRESS  
458 LAKEVIEW DRIVE  
LEESBURG, FL 34748

## LIENHOLDER

NAME  
FIRST NATIONAL BANK  
ADDRESS  
PO BOX 12345  
ORLANDO, FL 32801

## ASSIGNMENT OF TITLE

### SECTION 1 - SELLER/TRANSFEROR

I (we) certify that I (we) am (are) the owner(s) of the vehicle described and that I (we) hereby sell, assign, and transfer all rights, title, and interest in and to this vehicle to the buyer/transferee.

FULL LEGAL NAME(S) (PLEASE PRINT)

William "Bill" Carter

SIGNATURE(S)

William "Bill" Carter

DATE OF SALE

May 10, 2025

☐ Check if seller is a Florida licensed dealer

### SECTION 2 - BUYER/TRANSFEEEE

I (we) certify that I (we) purchased this vehicle from the seller named in Section 1.

FULL LEGAL NAME(S) (PLEASE PRINT)

Helen Carter

SIGNATURE(S)

Helen Carter

DATE OF PURCHASE

May 10, 2025

### ODOMETER DISCLOSURE

Federal and State law requires that you state the mileage in connection with transfer of ownership.

ODOMETER READING 128,750

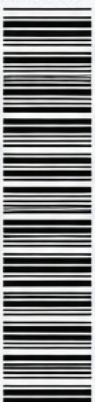
I certify that to the best of my knowledge the odometer reading is:

- ☒ The actual mileage  
☐ In excess of its mechanical limits  
☐ Not the actual mileage

### IMPORTANT INFORMATION

The transferor (seller) must complete Section 1. The transferee (buyer) must complete Section 2. Any alteration or erasure voids this title.

Title must be presented to your local tax collector office to be transferred.



\*0123456789\*

**FL RIDA**  
A SAFER  
HIGHWAY SAFETY AND MOTOR VEHICLES





# SAMPLE LETTER

## TO AUTO INSURANCE COMPANY

**IMPORTANT**  
*Keep a copy of this letter  
and all documents  
for your records.*

Date: \_\_\_\_\_

Claims Department

Insurance Company

Re: Deceased Insured – Policy Information Update

Insured: William “Bill” Carter

Policy Number: \_\_\_\_\_

### POLICY TYPES *(Check all that apply)*

- ☐ Auto Insurance
- ☐ Uninsured/Underinsured Motorist
- ☐ Medical Payments (PIP)
- ☐ Roadside Assistance
- ☐ Other: \_\_\_\_\_

To Whom It May Concern:

I am the surviving spouse of William “Bill” Carter, who passed away on May 7, 2025. I am writing to notify you of his death and to request that your records be updated.

Please let me know if you need any additional information or documentation from me. I have enclosed a certified copy of his death certificate for your records.

Thank you for your assistance during this difficult time.

Sincerely,

\_\_\_\_\_  
Helen Carter

Surviving Spouse

458 Lakeview Drive

Leesburg, FL 34748

(352) 555-1846

### ENCLOSURES

- ☐ Certified Copy of Death Certificate

*Keep a copy of this letter and all correspondence for your records.*



# VEHICLE-TRANSFER DOCUMENT CHECKLIST

Use this checklist to make sure you have everything you need to transfer ownership of a vehicle to a surviving spouse in Florida.



**TIP:** Requirements can vary slightly by county. Call your local tax collector office if you have questions.

| DOCUMENT / ITEM                                                                                                                                                     | REQUIRED                 | NOTES |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------|
|  <b>Certified Copy of Death Certificate</b><br>(May be required)                   | <input type="checkbox"/> | _____ |
|  <b>Application for Certificate of Title</b><br>(Form 82040)                       | <input type="checkbox"/> | _____ |
|  <b>Proof of Identity</b><br>(Florida Driver License or ID)                        | <input type="checkbox"/> | _____ |
|  <b>Proof of Florida Insurance</b><br>(Must show current coverage)                 | <input type="checkbox"/> | _____ |
|  <b>Current Certificate of Title</b><br>(Signed over to surviving spouse)        | <input type="checkbox"/> | _____ |
|  <b>Odometer Disclosure</b><br>(Completed on Form 82040)                         | <input type="checkbox"/> | _____ |
|  <b>Payment for Applicable Fees</b><br>(Check, money order, or card if accepted) | <input type="checkbox"/> | _____ |
|  <b>Self-Addressed Envelope</b><br>(For return of title if required)             | <input type="checkbox"/> | _____ |
|  <b>Any Additional Forms</b><br>(If required by your county)                     | <input type="checkbox"/> | _____ |



## IMPORTANT

- Transfers between spouses are exempt from Florida sales tax and documentary stamp tax (§201.18(6)(a), F.S.) when the surviving spouse already owns the home that is the primary residence.
- You must apply for the new title within 30 days of acquiring ownership.



## AFTER YOU APPLY

- You will receive the new title (and registration if applicable) by mail.
- Keep a copy of all documents and your application.
- Update your insurance provider with the new ownership information.



## FEES (EXAMPLES ONLY)

Fees are set by your local tax collector office and are subject to change.

|                                    |         |
|------------------------------------|---------|
| Title Fee .....                    | \$77.25 |
| Transfer Fee .....                 | \$2.25  |
| Fee Additions .....                | Varies  |
| Registration (if applicable) ..... | Varies  |

Check with your local tax collector office for current fees and accepted methods of payment.

## NOTES / SPECIAL INSTRUCTIONS

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**YOUR GOAL:** A complete application helps ensure your new title is issued quickly and correctly.  
When in doubt, contact your local tax collector office for guidance before you submit your documents.