

STATE OF INDIANA )  
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 )SS:  
 COUNTY OF \_\_\_\_\_ )

**THE INDIANA COUNTY IN WHICH YOU WILL USE THIS FORM**

IN RE THE ESTATE OF: )  
 )  
 )  
 \_\_\_\_\_ )

**THE NAME OF THE PERSON WHO HAS PASSED AWAY. THAT PERSON IS KNOWN AS THE DECEDENT**

**AFFIDAVIT FOR TRANSFER OF ASSETS WITHOUT ADMINISTRATION**

The undersigned Affiant states that: **FILL IN THE DAY, MONTH AND YEAR OF THE DECEDENT'S DEATH**

1. The above decedent died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, while domiciled in \_\_\_\_\_ County, Indiana. **NAME OF COUNTY THE DECEDENT LIVED IN WHEN HE/SHE PASSED**

2. No application or petition for the appointment of a personal representative of said decedent's estate is pending or has been granted in any jurisdiction. **YOU CAN ONLY USE THIS FORM IF IT HAS BEEN 45 OR MORE DAYS SINCE THE DECEDENT PASSED**

3. More than forty-five (45) days have elapsed since the death of said decedent.

4. The value of the gross probate estate of said decedent, wherever located (less liens, encumbrances and reasonable funeral expenses) does not exceed fifty thousand dollars (\$50,000.00).

5. The person or persons set forth in paragraph 6 below are entitled to payment or delivery of the property as set forth after their names, by reason of:

**IF YOU ARE USING THIS FORM AFTER A WILL HAS BEEN FILED IN COURT, CHECK THIS FIRST BOX AND FILL IN THE BLANKS. ATTACH A COPY OF THE WILL TO THIS DOCUMENT.**

Being a beneficiary under the Will of said decedent, which was probated as recorded in the office of the Clerk of \_\_\_\_\_ County \_\_\_\_\_ Court, \_\_\_\_\_ County, Indiana on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a copy of which is attached as Exhibit A.

**IF THERE IS NO WILL, BUT YOU ARE A SPOUSE OR CHILD OF THE DECEDENT, CHECK THE SECOND BOX**

Being the surviving spouse, dependent child, or children of said decedent.

Other reasons:

**IF THERE IS ANOTHER REASON YOU ARE ABLE TO CLAIM PROPERTY OF THE DECEDENT, CHECK THE THIRD BOX AND EXPLAIN HERE.**

6. The following person or persons are entitled to receive, without administration, the following listed property from the person, firm, or corporation shown after said property, subject to liens and encumbrances.

Name and Address of Person Entitled to Property	Relationship to Decedent/Estate and Age	Description of Property	Percentage entitled	Name and Address of Entity Holding Property
IN EACH BOX IN THIS COLUMN, PUT THE NAME AND ADDRESS OF THE PERSON WHO HAS RIGHTS TO THE PROPERTY. SOME BOXES MAY BE LEFT EMPTY.	IN EACH BOX IN THIS COLUMN, ADD THE RELATIONSHIP (E.G. SON, DAUGHTER, SPOUSE) AND AGE OF THE PERSON CLAIMING THE PROPERTY.	IN EACH BOX IN THIS COLUMN, DESCRIBE THE PROPERTY. THIS MIGHT BE AN ACCOUNT NUMBER, AN ADDRESS, OR VEHICLE IDENTIFICATION NUMBER.	IN EACH BOX IN THIS COLUMN, INCLUDE THE PERCENTAGE OF THE PROPERTY THAT EACH PERSON LISTED IS OWED. A PERSON MIGHT BE ENTITLED TO 100%, OR A SMALLER PERCENTAGE.	IN EACH BOX IN THIS COLUMN, INCLUDE THE NAME AND ADDRESS OF THE ENTITY THAT HAS THE PROPERTY. FOR EXAMPLE, IF THE PROPERTY IS A BANK ACCOUNT, INCLUDE THE NAME AND ADDRESS OF THE BANK.

7. This affidavit is made for the purpose of inducing the above named holders of said Decedent's property to turn said property over to the persons, indicated hereinabove, as provided by law (See Ind. Code 29-1-8-1 and Ind. Code 29-1-8-2).

MAKE SURE YOU READ AND UNDERSTAND THESE PARAGRAPHS. YOU MUST NOTIFY ANYONE WITH A CLAIM TO THE PROPERTY THAT YOU ARE TAKING THE PROPERTY. AND, YOU HAVE TO PAY THOSE PEOPLE THEIR SHARE.

8. The Affiant has notified each person entitled to property listed above of the Affiant's intention to present an affidavit under Indiana Code § 29-1-8-1.

9. The Affiant is entitled to payment or delivery of the property listed above.

10. Distribution of the said property to the Affiant shall release the transferor from any liability with regard to the proper allocation and disbursement of the Decedent's property.

11. The Affiant charges himself/herself with the responsibility of proper disbursement of the Decedent's property and hereby agrees to hold harmless the transferor from any liability with regard to the transfer of the Decedent's property to the Affiant.

**I affirm under penalties of perjury that the foregoing representations are true.**

Date: PRINT THIS FORM AND DATE HERE

PRINT THIS FORM AND SIGN HERE

Signature

YOUR NAME HERE

YOUR ADDRESS