

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

AFFIDAVIT FOR TRANSFER OF ASSETS WITHOUT ADMINISTRATION

IN RE: THE ESTATE OF _____)
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)
)

The undersigned states that:

1. The above decedent died on the _____ day of _____, _____, [testate] [intestate] while domiciled in Allen County, Indiana.
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.
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 and encumbrances, does not exceed fifty thousand dollars (\$50,000).
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:
 - A. Being a beneficiary under the Will of said decedent, which was probated as recorded in the office of the Clerk of the Allen Circuit and Superior Court, Allen County, Indiana, on the _____ day of _____, _____, **a copy of which is attached as Exhibit "A"**.
 - B. Being the surviving spouse, dependent child, or children of said decedent.
 - C. Other reasons: _____
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 or Estate and Age	Description of Property	Lien or Encumbrance	Name and Address of Entity Holding Property

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.)

I affirm, under the penalties for perjury, that the foregoing representations are true.

Date: _____

Signature of Affiant

Address

City, State

Zip Code