



# AFFIDAVIT FOR TRANSFER OF ASSETS WITHOUT ADMINISTRATION

\_\_\_\_\_, being first duly sworn upon oath, deposes and says:  
(Printed Name)

1. That \_\_\_\_\_ died on \_\_\_\_\_, while domiciled in \_\_\_\_\_ County, Indiana.
2. That no petition for the appointment of a personal representative of his/her estate is pending or has been granted.
3. That more than forty-five (45) days have elapsed since the death of said decedent.
4. That the value of the gross probate estate (entire assets of the estate) of said decedent, wherever located, less liens and encumbrances, does not exceed \$100,000.00.
5. That this affiant is (1) a distributee, being an heir-at-law; or (2) a beneficiary named under decedent's Last Will and Testament; or (3) the surviving spouse of the decedent

And is entitled to receive without administration all property owned by the decedent at date of death from the person, firm, or institution holding any such assets.

Affiant makes this Affidavit pursuant to the provisions of Indiana Code 29-1-8-1 providing for dispensing with administration in small estates in which assets are not in excess of \$100,000.00.

Affiant makes this Affidavit for the purpose of inducing persons, firms, or institutions to release all assets payable to said decedent to affiant, whose address is:

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

X \_\_\_\_\_  
Signature

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS:

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My commission expires:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
County of Residence

\_\_\_\_\_  
Typed or Printed Name