

F-3 AFFIDAVIT FOR TRANSFER OF ASSETS WITHOUT ADMINISTRATION

STATE OF INDIANA)
COUNTY OF _____)

IN RE: THE ESTATE OF)
)
_____)

**AFFIDAVIT FOR TRANSFER OF ASSETS
WITHOUT ADMINISTRATION**

The undersigned states that:

1. The above decedent died on _____, 20 _____, while domiciled in _____ County, Indiana.

☐ Decedent died intestate (without leaving a will).

☐ Decedent died testate (leaving a will).

2. No petition for the appointment of a personal representative of the decedent's estate is pending or has been granted in any jurisdiction.

3. More than 45 days have elapsed since the death of the decedent.

4. The value of the gross probate estate of the decedent, wherever located, less liens, encumbrances and reasonable funeral expenses, does not exceed \$100,000.00.

5. The person or persons set forth in paragraph 6 below are entitled to the property as set forth after their names, based upon the following authority:

☐ The person is a beneficiary under the will of the decedent. If there is a will, you must attach a copy of the will to this Affidavit.

If the will has been probated, you must provide the name of the County, the court (including the cause number), and the date where the will was submitted for probate:

☐ The person is the ☐ surviving spouse ☐ dependent child or children of the decedent.

☐ 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 the property, subject to liens and encumbrances:

Name and Address of Person Entitled to Property	Relationship to Decedent or Estate and Age	The Share of the Property the Person is Entitled to	Description of Property	Lien or Encumbrance	Name and Address of Entity Holding Property

7. The affiant, as claimant, has notified each person identified in the previous paragraph of the claimant's intention to present an affidavit pursuant to IC 29-1-8-1.
8. That claimant is entitled to payment or delivery of the property on behalf of each person identified in this affidavit.
9. This affidavit is made for the purpose of inducing the above-named holders of the decedent's property to turn the property over to the persons, indicated hereinabove, as provided by law. (See IC 29-1-8-1 and 29-1-8-2)

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

AFFIANT

NAME / ADDRESS / PHONE NUMBER

 Signature of Affiant

Date: _____

State of Indiana, County of Vigo

I hereby certify that on the ____ day of _____, 20__, before me personally appeared _____, to me known to be the person who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

My Commission Expires:

 Notary Public

 County