



# SMALL ESTATE AFFIDAVIT (\$50,000)

State Form 54985 (R2 / 12-15)

## INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

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\* This agency is requesting disclosure of Social Security Numbers in accordance with I.C. 4-1-8-1; disclosure is mandatory under federal law, and this form will not be processed without it. See 20 C.F.R. § 603.22; 42 C.F.R. § 435.960.

### DECEDENT INFORMATION

Name	Social Security Number *	Date of death (mm,dd,yyyy)
Address (number and street, city, state, and ZIP code)		

Comes now \_\_\_\_\_, the affiant herein and pursuant to I.C. 29-1-8-1, being duly sworn, says:

- (1) The value of the gross probate estate, wherever located (less liens and encumbrances), does not exceed fifty thousand dollars (\$50,000.00).
- (2) Forty-five (45) days have elapsed since the death of the decedent.
- (3) No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
- (4) The following person(s) are entitled to the portion of the decedent's account listed below. *(Please attach additional pages if necessary.)*

Name	Portion of account
Address (number and street, city, state, and ZIP code)	
Name	Portion of account
Address (number and street, city, state, and ZIP code)	

(5) I have notified each person identified in this affidavit of my intention to present this affidavit.

(6) I am entitled to payment or delivery of the property on behalf of each person identified in this affidavit.

Signature	Date (mm,dd,yyyy)	
Printed name	Social Security Number *	Date of birth (mm,dd,yyyy)
Address (number and street, city, state, and ZIP code)		

### CERTIFICATION OF NOTARY PUBLIC

STATE OF \_\_\_\_\_

SS:

COUNTY OF \_\_\_\_\_

Subscribed and sworn to me, a notary public, in and for the state and county named.

Signature of notary public	Printed name of notary public
County of residence	Date commission expires (mm,dd,yyyy)