



# SMALL ESTATE AFFIDAVIT (\$50,000)

State Form 49284 (R3 / 3-12)

## INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT FUND

1 North Capitol Avenue, Suite 001  
Indianapolis, IN 46204-2014  
Telephone: (888) 526-1687 (Toll-free)  
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\* This agency is requesting disclosure of Social Security Numbers in accordance with the Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

### DECEDENT INFORMATION

Name	Social Security Number *	Date of death (month, day, year)
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.

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 (month, day, year)	
Printed name	Social Security Number *	Date of birth (month, day, year)
Address (number and street, city, state, and ZIP code)		

### CERTIFICATION OF NOTARY PUBLIC

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

SS:

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

SEAL

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 (month, day, year)