

SMALL ESTATE AFFIDAVIT
Collection of Personal Property
Indiana Code Section **29-1-8-1 (a) et seq.**

State of Indiana
County of _____

I, _____,
upon duly sworn, state on my oath that:

1. My post office address is: _____
2. My residence address is: _____
3. I am a successor to the decedent or a claimant entitled to the payment or property of the named decedent. All successors, including myself, of the decedent are listed as follows:

Name/Relationship	Address	Share
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. The decedent's name is _____.
5. The date of the decedent's death was _____, more than forty-five days have elapsed since the death of the decedent, and I have attached a copy of the death certificate hereto. Note: At any time after forty-five or more days from the date of a decedent's death, any person who is indebted to or who has possession of any personal property or an instrument evidencing a debt, obligation, stock, chose in action, or stock brand belonging to the decedent, shall pay such indebtedness or deliver such personal property, or so much of either as is claimed, to a person claiming to be a successor of the decedent or entitled to payment or delivery of the property belonging to the decedent upon being presented an affidavit made by said person.
6. It appears that the decedent's gross probate estate, less liens and encumbrances, does not exceed the sum of the following: fifty thousand dollars (\$50,000), the costs and expenses of administration, and reasonable funeral expenses.

7. That at least forty-five (45) days have elapsed since the death of the decedent.
8. That no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

THE FOREGOING STATEMENT IS MADE UNDER THE PENALTIES OF PERJURY.

Signature of Affiant

STATE OF INDIANA
COUNTY OF _____

Before me, _____, (title of officer) this ____ day of _____,
_____, _____ acknowledged the execution of the annexed _____
(name of instrument).

Notary Public, State of _____

Printed Name: _____

Commission Expires: _____