

**INDIANA AFFIDAVIT OF HEIRSHIP**

THE STATE OF INDIANA, KNOW ALL MEN BY THESE PRESENTS:

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

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ (AFFIANT), \_\_\_\_\_ (RELATION of DECEASED), who upon his/her oath, did depose and state the following:

“My name is \_\_\_\_\_ (AFFIANT NAME), and I reside at \_\_\_\_\_ (AFFIANT ADDRESS). I am the \_\_\_\_\_ (RELATION of DECEASED) and am qualified to make this affidavit.

“The above named decedent, \_\_\_\_\_ (DECEASED NAME) died intestate on \_\_\_\_\_ (DATE OF DEATH). At the time of her death, the decedent was domiciled in \_\_\_\_\_ (COUNTY) County, Indiana, and resided at \_\_\_\_\_ (DECEASED LAST ADDRESS). No administration was had upon her estate nor was any necessary. No estate or inheritance taxes were due upon the death of \_\_\_\_\_ (DECEASED).

“In excess of forty-five (45) days have elapsed since the death of the decedent.

“No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

“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.

“The decedent’s probate assets consist solely of a parcel of real estate which was owned by the decedent at the time of her death located in \_\_\_\_\_ (COUNTY) County, Indiana; and more particularly described as follows:

LEGAL

More commonly known as \_\_\_\_\_ (PROPERTY ADDRESS)

“There is no surviving spouse or children under the age of eighteen (18) years of age so IC 29-1-4-1 does not apply to this estate.

“The individual(s) entitled to the estate, including real estate, as a result of the decedent’s death is/are

\_\_\_\_\_, \_\_\_\_\_ (RELATION),

\_\_\_\_\_, \_\_\_\_\_ (RELATION),

\_\_\_\_\_, \_\_\_\_\_ (RELATION)

\_\_\_\_\_  
AFFIANT NAME

Subscribed and sworn before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_

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

This instrument was prepared by: \_\_\_\_\_ (ATTORNEY OR YOUR NAME). This document is to be used only in conjunction with transfer of this property to \_\_\_\_\_.

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

\_\_\_\_\_