



SMALL ESTATE AFFIDAVIT (\$50,000)

State Form 49284 (R3 / 3-12)

INDIANA PUBLIC RETIREMENT SYSTEM PUBLIC EMPLOYEES' RETIREMENT FUND

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Indianapolis, IN 46204-2014
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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 (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		

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 (<i>number and street, city, state, and ZIP code</i>)	
Name	Portion of account
Address (<i>number and street, city, state, and ZIP code</i>)	

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

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 (<i>month, day, year</i>)