



Form IH-14

SF# 48839 (R4/05-07)

Prescribed by the Indiana Department of Revenue

Not for Public Access*

Application For Consent To Transfer (Please enclose self-addressed stamped envelope.)

STATE OF INDIANA)
) SS: IN THE _____ COUNTY _____ COURT
 COUNTY OF _____) CAUSE NO. _____
 IN THE MATTER OF THE ESTATE OF)
) SOCIAL SECURITY NO. _____ - _____ - _____
 _____, DECEASED.) DATE OF DEATH: _____
 COUNTY OF RESIDENCE _____

I, _____ (name), _____ (relationship to decedent or estate), certify:

- Check whichever applies:
 - a. That the letters testamentary were issued to _____ in the above-named cause number.
 - b. That no administration of the estate is pending in any court and no administration is anticipated by the undersigned.
- That at the date of death the decedent owned the following property:

Holding Institution	Form of Ownership	Account Number	Description of Property	Date of Death Value

- That the property listed will be transferred to the following (please type or print):

_____ (Name of Transferee)	_____ (Name of Transferree)	_____ (Name of Transferee)
_____ (Relationship to Decedent)	_____ (Relationship to Decedent)	_____ (Relationship to Decedent)
_____ (Address)	_____ (Address)	_____ (Address)
_____ (City, State, Zip)	_____ (City, State, Zip)	_____ (City, State, Zip)

By making this application, the undersigned agree(s) to pay any Indiana Transfer Taxes and file an Indiana Inheritance Tax Return that may be imposed or required by Indiana law. Further, the undersigned states, under the penalty of perjury, that the statements herein are true and correct to the best of that person's knowledge and belief.

(Transferee Signature) _____
(Transferee Signature) _____
(Transferee Signature)

CONSENT: The Inheritance Tax Division of the Indiana Department of Revenue hereby consents that the property described in this application be transferred to the named transferee(s) under the following conditions:

- Without conditions.
- That the named holding institution must not transfer 20% of the account(s).

Other Conditions: _____

Dated: _____, 20____ By: _____
 (County Assessor/County Inheritance Tax Appraiser)
 _____ County, Indiana

INSTRUCTIONS: The application must be submitted, in triplicate, to the county assessor where the decedent was a resident and a consent will be issued by the county assessor. A separate application must be submitted for each person, association, or organization holding assets of a resident decedent.

* Once completed, this form is confidential pursuant to Ind. Code § 6-4.1-12-12. To comply with Administrative Rule 9 and Trial Rule 5(G) this form is marked "Not for Public Access" and is required to be filed on light green paper if it is filed for an otherwise public estate.