

SMALL ESTATE AFFIDAVIT  
Collection of Personal Property  
Indiana Code Section 29-1-8

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. That the value of the gross probate estate, wherever located, less liens and encumbrances, does not exceed twenty-five thousand dollars (\$25,000.00).

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: \_\_\_\_\_