**INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT**

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**SMALL ESTATE AFFIDAVIT ($50,000)**

State Form 54985 (R3 / 4-18)

\* This agency is requesting disclosure of Social Security Numbers in accordance with I.C. 4-1-8-1; disclosure is mandatory under federal law, and this form will not be processed without it. See 20 C.F.R. § 603.22; 42 C.F.R. § 435.960.

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| **DECEDENT INFORMATION** |
| Name | Social Security Number \* | Date of death *(mm,dd,yyyy)* |
| Address *(number and street, city, state, and ZIP code)* |

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. *(Please attach additional pages if necessary.)*

Address *(number and street, city, state, and ZIP code)*

Portion of account

Name

Address *(number and street, city, state, and ZIP code)*

Portion of account

Name

1. I have notified each person identified in this affidavit of my intention to present this affidavit.
2. I am entitled to payment or delivery of the property on behalf of each person identified in this affidavit.

|  |  |
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| Signature | Date *(mm,dd,yyyy)* |
| Printed name | Social Security Number \* | Date of birth *(mm,dd,yyyy)* |
| Address *(number and street, city, state, and ZIP code)* |

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| **CERTIFICATION OF NOTARY PUBLIC** |
| STATE OF SS:COUNTY OF 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 *(mm,dd,yyyy)* |

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