



SMALL ESTATE AFFIDAVIT (\$100,000)

State Form 54985 (R5 / 3-23)

For Unemployment Inquiries Only, Please Submit
Completed Form via mail or fax.

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

10 N. Senate Ave., Indianapolis, IN 46204

Telephone: (800) 891-6499

Fax: (317) 233-5499

Website: www.in.gov/dwd/

* 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.

DECEDENT INFORMATION

Name	Social Security Number *	Date of death (month, day, year)
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 one hundred thousand dollars (\$100,000.00)
 - (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.)*

Name	Portion of account
Address (number and street, city, state, and ZIP code)	
Name	Portion of account
Address (number and street, city, state, and ZIP code)	

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

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 ((month, day, year)