



**SMALL ESTATE AFFIDAVIT FOR ESTATE
VALUED AT \$50,000 OR LESS**

State Form 54794 (R2 / 6-14)
Approved by State Board of Accounts, 2014

**INDIANA PUBLIC RETIREMENT SYSTEM
PUBLIC EMPLOYEES' RETIREMENT FUND
TEACHERS' RETIREMENT FUND**
1 North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (888) 286-3544 (Toll-free)
Fax: (317) 232-3882 / E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

Your Social Security number is being requested by this agency pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory and this form cannot be processed without this information

DECEASED MEMBER INFORMATION		
Member's name	Social Security number (<i>last 4 digits</i>)	Pension ID (PID) number
Address		Date of death (<i>mm/dd/yyyy</i>)
City	State	ZIP Code

AFFIDAVIT		
Claimant Information		
Claimant's name	Social Security number / Trust EIN	Date of birth (<i>mm/dd/yyyy</i>)
Address		Portion of account being claimed
City	State	ZIP Code
Claimant's name	Social Security number / Trust EIN	Date of birth (<i>mm/dd/yyyy</i>)
Address		Portion of account being claimed
City	State	ZIP Code

Affiant Information		
I, _____, the affiant herein and pursuant to <i>IC 29-1-8-1</i> , being duly sworn, attest <div style="text-align: center;"><i>Affiant's name</i></div> that the following statements are true: <ol style="list-style-type: none"> 1. The value of the gross probate estate, wherever located (less liens and encumbrances), does not exceed \$50,000. 2. Forty-five (45) days have elapsed since the death of the member. 3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction. 4. The aforementioned person(s) are entitled to the portion of the deceased member's account as shown above. 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. 		
Affiant's signature	Affiant's name (<i>printed</i>)	Date (<i>mm/dd/yyyy</i>)

NOTARY PUBLIC CERTIFICATION		
State of _____	SS:	SEAL
County of _____		
Before me the undersigned, a Notary Public for _____ County, State of _____, <div style="text-align: center;"><i>Officer's county of residence</i></div> <div style="text-align: center;"><i>Officer's state of residence</i></div> personally appeared _____ and he/she, being first duly sworn by me upon his/her oath, <div style="text-align: center;"><i>Name of person</i></div> say that the facts alleged in the foregoing instrument are true.		
Signed and sealed this _____ day of _____, 20____.		
		_____ Signature
My commission expires: _____		_____ Name of officer (<i>printed or typed</i>)
<i>Date (mm/dd/yyyy)</i>		