



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

State Form 54794 (R4 / 3-19)

**INDIANA PUBLIC RETIREMENT SYSTEM**  
 One North Capitol Avenue, Suite 001  
 Indianapolis, IN 46204-2014  
 Telephone: (844) GO-INPRS (Toll-free)  
 Fax: (866) 591-9441  
 E-mail: [questions@inprs.in.gov](mailto:questions@inprs.in.gov)  
 Web site: [www.inprs.in.gov](http://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* (last 4 digits) | Pension ID (PID) number    |
| Address (number and street) |   | Date of death (mm/dd/yyyy) |
| City                        | State                                   | ZIP Code                   |

| AFFIDAVIT                   |                                     |                                  |
|-----------------------------|-------------------------------------|----------------------------------|
| Claimant Information        |                                     |                                  |
| Claimant's name             | Social Security number* / Trust EIN | Date of birth (mm/dd/yyyy)       |
| Address (number and street) |                                     | Portion of account being claimed |
| City                        | State                               | ZIP Code                         |
| Claimant's name             | Social Security number* / Trust EIN | Date of birth (mm/dd/yyyy)       |
| Address (number and street) |                                     | Portion of account being claimed |
| City                        | State                               | ZIP Code                         |

| Affiant Information  |                          |                   |
|--|--------------------------|-------------------|
| I, _____, the affiant herein and pursuant to IC 29-1-8-1, being duly sworn, attest<br><div style="text-align: center; margin-left: 100px;">Affiant's name</div> that the following statements are true: <ol style="list-style-type: none"> <li>1. The value of the gross probate estate, wherever located (less liens and encumbrances), does not exceed \$50,000.</li> <li>2. Forty-five (45) days have elapsed since the death of the member.</li> <li>3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.</li> <li>4. The aforementioned person(s) are entitled to the portion of the deceased member's account as shown above.</li> <li>5. I have notified each person identified in this affidavit of my intention to present this affidavit.</li> <li>6. I am entitled to payment or delivery of the property on behalf of each person identified in this affidavit.</li> </ol> |                          |                   |
| Affiant's signature  | Affiant's name (printed) | Date (mm/dd/yyyy) |

| NOTARY PUBLIC CERTIFICATION  |     |                                    |
|--|-----|------------------------------------|
| State of _____   | SS: | SEAL                               |
| County of _____  |     |                                    |
| Before me the undersigned, a Notary Public for _____ County, State of _____,<br><div style="text-align: center; margin-left: 100px;">Officer's county of residence</div> <div style="text-align: center; margin-left: 400px;">Officer's state of residence</div> personally appeared _____ and he/she, being first duly sworn by me upon his/her oath,<br><div style="text-align: center; margin-left: 100px;">Name of person</div> say that the facts alleged in the foregoing instrument are true. |     |                                    |
| Signed and sealed this _____ day of _____, 20____.   |     |                                    |
|  |     | _____<br>Signature                 |
| My commission expires: _____   |     |                                    |
| Date (mm/dd/yyyy)  |     | Name of officer (printed or typed) |

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

State Form 54794

**INSTRUCTIONS**

1. Remove any instruction pages included with this form prior to returning the completed form to the Indiana Public Retirement System (INPRS) at the address shown on the form.
2. Type or print using black ink. Complete all information.
3. This completed form may be delivered to the lobby of INPRS at the address indicated on the form. Lobby hours are 8 a.m. to 5 p.m. on weekdays. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call Member Service Center at (844) GO-INPRS, Monday – Friday, 8 a.m.- 8 p.m. ET.

| Entry field  | Field description  |
|--|--|
| <b>MEMBER INFORMATION</b>  |  |
| Member's name  | Enter the member's complete name.  |
| Social Security number   | Enter the last 4 digits of the member's Social Security number.                                    |
| Pension ID (PID) number  | Enter the member's Pension ID (PID) number.  |
| Address, City, State, ZIP Code   | Enter the member's mailing address.  |
| Date of death  | Enter the member's date of death; format = mm/dd/yyyy.   |
| <b>AFFIDAVIT</b>   |  |
| <b>Claimant Information</b>  |  |
| The form allows for the entry of two claimants. If there are more than two claimants, submit additional copies of the form with the other claimant information.  |  |
| Claimant's name  | Enter the claimant's complete name.  |
| Social Security number / Trust EIN   | Enter the claimant's full Social Security number or EIN number as applicable.                      |
| Date of birth  | Enter the claimant's date of birth; format = mm/dd/yyyy.   |
| Address, City, State, ZIP Code   | Enter the claimant's mailing address.  |
| Portion of account being claimed   | Enter the portion of the overall account being claimed by the claimant.                            |
| <b>Affiant Information</b>   |  |
| Affiant's name   | Enter the Affiant's complete name.   |
| Affiant's signature  | The Affiant must sign this section of the form in the presence of the Notary.                      |
| Affiant's name ( <i>printed</i> )  | Print the Affiant's name.  |
| Date   | The Affiant must date this section of the form in the presence of the Notary; format = mm/dd/yyyy. |
| <b>NOTARY PUBLIC CERTIFICATION</b>   |  |
| This form must be notarized before it can be processed by INPRS. Take the form to a Notary Public with an active commission. The Notary will require that you swear or affirm that you are the named person on the form. You will be required to sign and date the form in the Notary's presence. The notary must then complete the NOTARY PUBLIC CERTIFICATION section of the form and affix the Notary's seal. |  |

| <b>HELPFUL INFORMATION</b> |  |  |  |
|----------------------------|--|--|--|
|                            | <b>INPRS</b>   | <b>INTERNAL REVENUE SERVICE</b>              | <b>INDIANA DEPARTMENT OF REVENUE</b>               |
| <b>Telephone numbers</b>   | (844) GO-INPRS Toll-free                               | (800) 829-1040 Toll-free                     | (317) 233-4018 Indianapolis local                  |
|                            | (866) 591-9441 Fax Toll-free                           | (800) 829-4477 TeleTax                       | (317) 232-2240 Tax questions                       |
|                            |  | (800) 829-4059 TDD (hearing impaired)        | (317) 233-4952 TDD (hearing impaired)              |
|                            |  |  | (317) 233-2329 Fax                                 |
| <b>Web site</b>            | <a href="http://www.inprs.in.gov">www.inprs.in.gov</a> | <a href="http://www.irs.gov">www.irs.gov</a> | <a href="http://www.in.gov/dor">www.in.gov/dor</a> |