SMALL ESTATE AFFIDAVIT

State Form 54794 (R10 / 6-26)

INDIANA PUBLIC RETIREMENT SYSTEM
One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014
Telephone: (844) GO-INPRS, (844) 464-6777 (Toll-free)
Fax: (866) 591-9441 (Toll-free)
E-mail: questions@inprs.in.gov
Web site: www.inprs.in.gov

Reset Form

* This agency is requesting your Social Security number pursuant to the requirements of Internal Revenue Code 3405. This disclosure is mandatory, and this form cannot be processed without this information.

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, signed, dated, and notarized form may be faxed, mailed, or delivered to the lobby of INPRS at the address indicated on this form. The agency is closed on weekends and holidays, including all State-designated holidays.
4. Questions or changes? Call customer service, Toll-free at (844) GO-INPRS, (844) 464-6777, Monday through Friday.

DECEASED MEMBER INFORMATION

Member 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

This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of this completed, signed, dated, and notarized form with the other claimant information.

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

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

Affiant Information

Item 1 of the Affiant Information section is based on the Date of Death entry in the DECEASED MEMBER INFORMATION section of this form.

I, _____, the affiant herein and pursuant to IC 29-1-8-1, IC 29-1-8-1(b)(1) being duly sworn,
Affiant name
attest that the following statements are true:

1. The value of the gross probate estate, wherever located (less liens, encumbrances, and reasonable funeral expenses) does not exceed fifty thousand dollars ($50,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2006, and before July 1, 2022**,
   or
   The value of the gross probate estate wherever located (less liens and encumbrances) does not exceed one hundred thousand dollars ($100,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2022**.
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 signature	Affiant name *(printed)*	Date *(mm/dd/yyyy)*

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Member name	Social Security number* *(last 4 digits)*	Pension ID (PID) number

NOTARY PUBLIC CERTIFICATION

State of _____

SS: SEAL

County of _____

Before me the undersigned, a Notary Public for _____ County, State of _____,
Officer's county of residence Officer's state of residence

personally appeared _____ and the affiant, being first duly sworn by me upon the affiant's
Name of person

oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20_____. _____
Signature

My commission expires: _____ _____
Date *(mm/dd/yyyy)* Name of officer (*printed or typed)*

INSTRUCTIONS FOR

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Entry field	Field description
MEMBER INFORMATION	
Member 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.
AFFIDAVIT	
Claimant Information	
This form allows for the entry of two (2) claimants. If there are more than two (2) claimants, submit additional copies of this completed, signed, dated, and notarized form with the other claimant information.	
Claimant name	Enter the claimant's complete name.
Social Security number*/Tax EIN	Enter the claimant's complete Social Security number*/Tax EIN.
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.
Affiant Information	
Item 1 of the Affiant Information section is based on the Date of Death entry in the DECEASED MEMBER INFORMATION section of this form.	
Affiant name	Enter the Affiant's complete name.
Read this section carefully	The value of the gross probate estate, wherever located (less liens and encumbrances) does not exceed fifty thousand dollars ($50,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2006, and before July 1, 2022**, **or** The value of the gross probate estate wherever located (less liens and encumbrances) does not exceed one hundred thousand dollars ($100,000) if the Date of Death in the DECEASED MEMBER INFORMATION section is **after June 30, 2022**.
Affiant signature	The Affiant must sign this section of the form in the presence of the Notary.
Affiant name *(printed)*	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.
NOTARY PUBLIC CERTIFICATION	
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.	

HELPFUL INFORMATION			
	INPRS	**INTERNAL REVENUE SERVICE**	**INDIANA DEPARTMENT OF REVENUE**
Telephone numbers	(844) GO-INPRS (Toll-free)	(800) 829-1040 Toll-free	(317) 233-2240 Indianapolis local
	(844) 464-6777 (Toll-free)	(800) 829-4477 TeleTax	(317) 232-8729 Tax questions
	(866) 591-9441 Fax (Toll-free)	(800) 829-4059 TDD (hearing impaired)	(317) 232-4952 TDD (hearing impaired)
			(317) 233-2329 Fax
Web site	www.inprs.in.gov	www.irs.gov	www.in.gov/dor