



AFFIDAVIT FOR TRANSFER OF CERTIFICATE OF TITLE FOR A VEHICLE / WATERCRAFT WITHOUT ADMINISTRATION

State Form 18733 (R10 / 11-24)
 INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 29-1-8-1(c).

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Complete this form to request a transfer of vehicle ownership for an estate, wherever located, less liens or encumbrances, whose gross value does not exceed \$100,000.
 3. A copy of the death certificate is required in addition to this affidavit.

SECTION 1 - CLAIMANT / DISTRIBUTEE OF THE ESTATE

Name (last, first, middle initial)			
Legal Address (number and street)	City	State	ZIP Code

SECTION 2 - DECEDENT INFORMATION

Name (last, first, middle initial)	Date Deceased (mm/dd/yyyy)
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SECTION 3 - VEHICLE / WATERCRAFT INFORMATION

Identification Number													
Year			Make				Model				Title Number		

SECTION 4 - AFFIRMATION OF FACTS

Pursuant to Indiana Code §29-1-8-1(c), the transfer of the certificate of title to the motor vehicle shall not be prohibited if five (5) days have elapsed since the death of the decedent and no appointment of a personal representative is contemplated. A transfer of vehicle or watercraft ownership shall be made by the Bureau of Motor Vehicles upon receipt of this affidavit. The affidavit must be duly executed by the distributees of the estate.

- I, the above named claimant, hereby swear or affirm, under penalty of perjury:
- The value of the gross probate estate of the above named decedent, less liens and encumbrances, does not exceed one hundred thousand dollars (\$100,000).
 - Five (5) days have elapsed since the death of the decedent.
 - No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.
 - I am entitled to ownership of the vehicle / watercraft.
 - I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the claimant.

I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Claimant	Printed Name	Date Signed (mm/dd/yyyy)
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