



**Form IH-TA**

State Form 48832  
(R3 / 2-19)

STATE OF INDIANA }  
COUNTY OF \_\_\_\_\_ }SS:

IN THE MATTER OF THE ESTATE OF \_\_\_\_\_ }  
\_\_\_\_\_, DECEASED. }

Social Security Number \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**AFFIDAVIT OF TRANSFEEE OF TRUST PROPERTY THAT NO INDIANA INHERITANCE OR ESTATE TAX IS DUE ON THE TRANSFER**

Comes now \_\_\_\_\_, being first duly sworn upon his/her oath, says that:

1. Transferee, \_\_\_\_\_, is a trust beneficiary, successor trustee (*strike inappropriate terms*) of the \_\_\_\_\_ Trust, under agreement dated and signed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and last amended on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(month) (year)

2. That the original grantor \_\_\_\_\_, of the trust died on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, a resident of \_\_\_\_\_, County, Indiana.  
(year) (month)

3. Transferee (a) is domiciled in Indiana, or (b) is a representative of \_\_\_\_\_, a corporation doing business in Indiana. (*Strike either (a) or (b), whichever is not pertinent.*)

4. That the following personal property sought to be transferred is held by the trust:

Holding Institution	Account Number	Description of Property	Date of Death Value

5. That the transfer of the trust personal property is not subject to Indiana inheritance or estate tax for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Transferee, by making this affidavit, says that the above trust personal property will be transferred to him/her and is not subject to Indiana inheritance or estate tax and further says, under the penalties for perjury, that the statements herein are true and correct to the best of such person's knowledge and belief.

\_\_\_\_\_  
Signature of transferee

\_\_\_\_\_  
Name (typed or printed)

\_\_\_\_\_  
Address

\_\_\_\_\_

STATE OF INDIANA )  
 ) SS:  
COUNTY OF \_\_\_\_\_ )

Before me, a Notary Public in and for \_\_\_\_\_ County, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, who acknowledged execution of the foregoing document and who, being duly sworn, stated the representations contained herein to be true.

WITNESS my hand and Notarial Seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Signature) \_\_\_\_\_

(Printed) \_\_\_\_\_

Notary Public

SEAL

My commission expires: \_\_\_\_\_

NOTE: This affidavit must immediately be filed with the Indiana Department of Revenue, Inheritance Tax Division, P.O. Box 71, Indianapolis, Indiana 46206-0071.