



INDIANA INHERITANCE TAX RETURN FOR A NON-RESIDENT DECEDENT

NOTE: Please read carefully the general instructions before preparing this return.

Form with 11 numbered sections: 1. Decedent's name, 2. Business or occupation, 3. Date of death, 4. Decedent's residence, 5. Social Security number, 6. Address of decedent, 7. Did the decedent die testate?, 8. Name of ancillary administrator, 9. Address of ancillary administrator, 10. Location of court, 11. Gross value of entire estate.

Name, address and phone number of attorneys representing estate

Schedule A attached hereto discloses all interests of decedent in Indiana real estate and sets forth the information called for in the heading of said schedule.

Schedule B attached hereto discloses all tangible personal property of decedent which had an actual situs in this state, as called for in the heading of said schedule.

Schedule C attached hereto discloses all information respecting gifts, transfers and trusts as called for in the heading of said schedule.

Schedule D attached hereto sets forth all allowable deductions in connection with the settlement of the non-resident decedent's estate in Indiana.

Schedule E attached hereto discloses the requested information concerning the persons beneficially interested in the property taxable in this state.

I have made a due and diligent search for property of every kind, nature and description left by the decedent within the jurisdiction of this state and have been able to discover only that set forth in Schedules A, B and C. No information of any other property of the decedent has come to my knowledge, and I verily believe that the decedent left no property except as therein set forth herein.

(Signature)
(Capacity)
(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: _____

**SCHEDULE A
REAL ESTATE**

Did the decedent, at the time of his or her death, own any real estate in Indiana? YES NO

Description	No. of Acres	Fair Market Value at Date of Death	

TOTAL SCHEDULE A _____

**SCHEDULE B
TANGIBLE PERSONAL PROPERTY**

Did the decedent, at the time of his or her death, own tangible personal property that has an actual situs in this state?

YES NO

Description	Fair Market Value at Date of Death

TOTAL SCHEDULE B _____

**SCHEDULE C
TRANSFERS DURING DECEDENT'S LIFE**

Did the decedent, at any time during his or her life, make any transfers in contemplation of death? *See* Ind. Code § 6-4.1-2-4.

YES NO

Did the decedent, within one (1) year immediately preceding his or her death, make any transfers of property for less than an adequate and full consideration in money or money's worth?

YES NO

Did the decedent, at any time during his or her life, make a transfer of property for less than an adequate and full consideration in money or money's worth in which he or she retained a life estate, the right to income or some other interest?

YES NO

At the time of decedent's death, were there any trusts in existence, created by the decedent or others, in which the decedent held an interest? If yes, attach copy of the trust(s)?

YES NO

NOTE: If any transfers made within one (1) year immediately preceding the decedent's death for less than an adequate and full consideration are claimed not to have been made in contemplation of death, submit enough proof to overcome the presumption outlined by Ind. Code § 6-4.1-2-4.

If any of the above are answered "YES" describe below.

Date of Transfer, Description of Property Transferred and Means of Transfer	Fair Market Value at Date of Death Less Consideration Received

TOTAL SCHEDULE C _____

**SCHEDULE D
DEDUCTIONS**

List only deductions claimed and allowed against the property taxable in this state.

Nature and Description of Deductions Claimed	Amount of Deductions Claimed

TOTAL SCHEDULE D

RECAPITULATION

	Total taxable assets
SCHEDULE A	
SCHEDULE B	
SCHEDULE C	
TOTAL	
LESS DEDUCTIONS (SCHEDULE D)	
TOTAL TAXABLE ESTATE	

SCHEDULE E
PERSONS BENEFICIALLY INTERESTED IN THIS ESTATE

On Schedule E list only the persons beneficially interested in the property taxable in this state, showing the value of interests received by those persons in the Indiana property.

List the name, address, and relationship to decedent, and whether such relationship is by blood, marriage, or adoption, of each transferee entitled to share in the estate or who received property, the transfer of which is taxable under the Inheritance Tax Law, I.C. 6-4.1. If the decedent died testate list the section of the will applicable to each testamentary transfer.

List in the appropriate column the age of each transferee, the value of property transferred, the exemption, and the amount of the transfer subject to tax.

Name, Address, Relationship of Transferee to Decedent and Applicable Section of Will, If Any	Age	Value of Property Transferred	Exemption	Amount Subject to Tax

TOTAL VALUE OF PROPERTY TRANSFERRED _____

INHERITANCE TAX COMPUTATION

				Name of Decedent
Name and Address of Beneficiary	Relationship and Date of Birth	Value of Interest	Exemption	Amount of Tax
1.				
			Total Tax	