

State of Indiana )  
 ) SS:  
County of \_\_\_\_\_ )

**POA-30**  
SF# 49376  
(R2 / 6-09)

WIDOW'S AFFIDAVIT  
FOR DISPOSITION OF ESTATES, PURSUANT TO I.C. 29-1-8-1

\_\_\_\_\_, after having been first duly sworn according to law says:

1. That the affiant is the widow or widower of \_\_\_\_\_, deceased.
2. That the said decedent departed this life (testate) (intestate), on the \_\_\_\_\_ day of \_\_\_\_\_,  
(Circle one)  
\_\_\_\_\_, a resident of the State of \_\_\_\_\_.  
Year
3. That the value of the entire assets of the estate of said decedent does not exceed the sum of \$50,000.00.
4. That no petition for the appointment of a personal representative for the estate of said decedent is pending or has been granted.
5. That 45 days have elapsed since the death of the said decedent.
6. That there is in the possession of the Auditor of the State of Indiana, property of said decedent described as follows:

Warrant No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

Warrant No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.

7. That your affiant is entitled to receive said monies (under the will of said decedent) (under the statutes of intestate succession of the State of \_\_\_\_\_.) (Circle one)

And further affiant say not.

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

Subscribed and sworn to before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
Year

\_\_\_\_\_  
(Signature) Notary Public

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

My Commission expires: \_\_\_\_\_.

Resident of \_\_\_\_\_ County.

**Mail completed form to:** State Auditor's Office, State House, Rm. 234B, Indianapolis, IN 46204.