

Not for Public Access*

STATE OF INDIANA)
) SS:
 INDIANA DEPARTMENT OF REVENUE) CAUSE NO. _____
)
 SOCIAL SECURITY NO. _____
 IN THE MATTER OF THE ESTATE OF)
)
 _____, Deceased.)

Order Determining Inheritance Tax Due For Indiana Resident

This matter having come before the department on this day, and the department being duly advised in the premises, now finds that:

1. The decedent died a resident of _____ county on the _____ day of _____, 20 _____.
2. The inheritance tax return was filed with the department.
3. The fair market value on the decedent's date of death of the property interest subject to the inheritance tax is as follows:

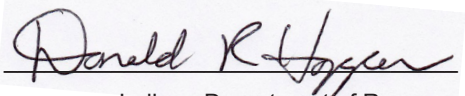
Total Gross Fair Market Value of Estate	\$ _____
Total Value of Allowable Deductions	\$ _____
Total Net Fair Market Value of Estate	\$ _____

4. The amount of inheritance tax due, determined as indicated, is:

Name	Relationship	Value of Interest	Exemption	Tax Rate	Amount Of Tax	
Total Tax \$						

5. The interest rate on any delinquent inheritance tax due is ten percent (10%) per annum from the date of death until paid pursuant to Ind. Code § 6-4.1-9-1.
6. The total penalty for late filing of the inheritance tax return is fifty cents (\$.50) per day for each day the return is delinquent up to a maximum of fifty dollars (\$50.00) as mandated by Ind. Code § 6-4.1-4-1 and 6-4.1-4-6.
7. The description of all Indiana real property owned by the decedent at the time of death is attached hereto as Exhibit A and made a part hereof as if included herein.

THEREFORE, IT IS ORDERED that the above named beneficiaries of this estate and/or their legal representative pay the amounts as set forth above, this _____ day of _____, 20 _____.


 Indiana Department of Revenue



* Once completed, this form is confidential pursuant to Ind. Code § 6-4.1-12-12. To comply with Administrative Rule 9 and Trial Rule 5(G), this form is marked "Not for Public Access" and is required to be filed on light green paper if it is filed for an otherwise public estate.