

**AFFIDAVIT OF NO ADMINISTRATION  
Indiana Code Section 29-1-8**

I \_\_\_\_\_, state as follows:

1. That \_\_\_\_\_ (the Decedent) died on \_\_\_\_\_, 20\_\_, in \_\_\_\_\_ County, Indiana, and at the time of death was a resident of \_\_\_\_\_ County, Indiana.
2. That no Petition for Appointment of a personal representative for the Estate of the Decedent is pending or has been granted in either Monroe County, Indiana, or elsewhere.
3. That more than forty-five (45) days have elapsed since the death of the Decedent.
4. That the value of the gross probate estate, wherever located (less liens and encumbrances), of the Decedent did not exceed the sum of One Hundred Thousand Dollars (\$100,000.00).
5. That I am a successor to the Decedent or a claimant entitled to the payment of the Decedent. All successors, including myself, of the Decedent are listed below:

<u>Name/Relationship</u>	<u>Address</u>	<u>Share</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a sheet listing any additional successors or claimants

6. That I have notified each person identified in this affidavit of my intention to present an affidavit under this section.
7. That I am entitled to payment on behalf of each person identified in this affidavit.

THE FOREGOING STATEMENT IS MADE UNDER PENALTIES OF PERJURY

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Signature of Affiant \_\_\_\_\_ Type or Print name of Affiant \_\_\_\_\_

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

Before me, the undersigned, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_ and having first been duly sworn upon his/her oath stated that each of the above and foregoing statements was true and correct, and thereupon signed his/her name to the above and foregoing Affidavit of No Administration.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

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

\_\_\_\_\_  
Printed Name