



Form IH-14

State Form 48839
R3 / 2-05

Not for Public Access*

Prescribed by the Indiana Department of Revenue

Application For Consent To Transfer Securities Or Personal Property Of Any Description Owned By A Resident Decedent

(Please enclose self-addressed stamped envelope for prompt return)

In the Matter of the Estate of: _____

Decedent's Social Security Number: _____ - _____ - _____, deceased of _____ County

Decedent's Address _____

I (we) _____ (strike inappropriate terms) surviving owner(s) of personal property, held in joint names with the decedent, personal representative(s), or legal heir(s) of the decedent's estate do hereby certify:

1. That the decedent died testate (intestate) on the _____ day of _____, 20____, a resident of _____ County, State of Indiana, and

2. Check either (a) or (b), whichever is pertinent.

(a) that letters testamentary or of administration were granted to _____ by the _____ Court of _____ County on the _____ day of _____, 20____, or

(b) that no administration of the estate of said decedent is pending in any court and no proceedings therefore are contemplated by anyone to the knowledge, information or belief of the undersigned, except as stated on the back of this sheet.

3. That at the date of death said decedent owned the following listed securities and/or other personal property:

Holding Institution	Description of Property	Date of Death Value

4. Person(s) to whom the property will be transferred:

Relationship to decedent and/or estate

Address

By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

Signature of transferee(s)

Name (typed or printed)

CONSENT TO TRANSFER (To be completed by County Assessor)

The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in the foregoing application be transferred to the above transferee(s) by any person, corporation or association holding or controlling the transfer of said property, under the following conditions: _____

Dated _____, 20____.

By _____

County Assessor and Inheritance Tax Appraiser

_____ County, Indiana

INSTRUCTIONS: The application must be submitted, in triplicate, to the county assessor where the decedent was a resident and a consent will be issued by the county assessor. A separate application must be submitted for each person, association, or organization holding assets of a resident decedent.

* Once completed, this form is confidential pursuant to IC 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.