

Inheritance Tax Division **Requires** this
Form to Be Printed on **Green Paper**

Decedent Information



Form IH-14
SF# 48839
(RS / 04-11)

Not for Public Access*
Application For Consent To Transfer
(Please enclose self-addressed stamped envelope.)

In the matter of the Estate of _____ Date of Death _____

Decedent's Social Security Number _____ Resident of _____ County

Decedent's Address _____

I, _____ (name), _____ (relationship to decedent or estate), certify:

1. Check whichever applies:

a. That letters testamentary were granted to _____ under Cause
Number _____ on _____ (date)

b. That no administration of the estate is pending in any court and no administration is anticipated.

2. That at the date of death the decedent owned the following property:

| Holding Institution | Form of Ownership | Account Number | Description of Property | Date of Death Value |
|---------------------|-------------------|----------------|-------------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

3. That the property listed will be transferred to the following (please type or print):

| (Name of Transferee) | (Name of Transferee) | (Name of Transferee) |
|----------------------------|----------------------------|----------------------------|
| _____ | _____ | _____ |
| (Relationship to Decedent) | (Relationship to Decedent) | (Relationship to Decedent) |
| _____ | _____ | _____ |
| (Address) | (Address) | (Address) |
| _____ | _____ | _____ |
| (City, State, Zip) | (City, State, Zip) | (City, State, Zip) |
| _____ | _____ | _____ |
| (Telephone/E-mail) | (Telephone/E-mail) | (Telephone/E-mail) |

By making this application, the undersigned agree(s) to pay any Indiana Inheritance Taxes that may be imposed and file an Indiana Inheritance Tax Return that may be required by Indiana law. Further, the undersigned states, under the penalty of perjury, that the statements herein are true and correct to the best of that person's knowledge and belief.

(Transferee Signature) _____
(Transferee Signature) _____
(Transferee Signature)

CONSENT: The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in this application be transferred to the named transferee(s) under the following condition:

That the named holding institution must not transfer 20% of the jointly-owned account(s).

(Date)

By _____
(County Assessor and Inheritance Tax Appraiser)

County, Indiana

Value of Account/
Holdings on the
Date of Death

Each Transferee
Listed **Must Sign**
Before the Asses-
sor's Office Signs
and Stamps

Stocks, CD's,
Insurance,
Savings
Account, etc.
**Not Checking
Accounts**

For Assessor Office Use Only