

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Parcel Identification No. _____

DEED OF PERSONAL REPRESENTATIVE(S)

_____, as Personal Representative(s) of the estate of _____, deceased. This estate is pending as Cause Number _____ in _____ County, Indiana. (mark 1 or 2)

1. _____ convey(s) to _____ of _____ County in the State of _____, for good and sufficient consideration (mark 1.1, 1.2, or 1.3):

1.1 _____ By order of the _____ Court of _____ County, Indiana, dated the _____ day of _____, 201____.

1.2 _____ By virtue of the decedent's will.

1.3 _____ By virtue of the power given a personal representative(s) in an unsupervised administration under Indiana law.

2. _____ By virtue of the power given a personal representative(s) in an unsupervised administration under Indiana law, distribute(s) to _____ of _____ County in the State of _____, as an heir or devisee in an unsupervised administration, by virtue of power given a personal representative(s) in an unsupervised administration under Indiana law.

the following described real estate located in _____ County, Indiana:

(Do not mark below this line)

This deed has been made pursuant to and for the purposes of IC 29-1-15-18, IC 29-1-7.5-3.4, and/or IC 29-1-7.5-3.6 and any laws amendatory or in substitution thereto.

Dated this _____ day of _____, 201____.

(Signature)

(Signature)

(Name Printed or Typed)

(Name Printed or Typed)

as Personal Representative(s)

as Personal Representative(s)

STATE OF _____, COUNTY OF _____ SS:

Before me, a Notary Public in and for said County and State, personally appeared _____,
as Personal Representative(s) of _____, deceased, and acknowledged
the execution of the foregoing deed.

Witness my hand and Notarial Seal this _____ day of _____, 201____.

My Commission Expires: _____
Resident of _____ County

Signature _____
Printed _____ Notary Public

This instrument prepared by: _____ Attorney at Law

Mail to: _____
Grantee's Mailing Address to which the tax statement should be mailed under I.C. 6-1.1-22-8.1

Grantee's Street Address or Rural Route Address if different than Mailing Address



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I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.
