



Prescribed by the Indiana Department of Revenue

Form IH-19

State Form 48837
(R2 / 04-07)

NOTICE OF INTENDED TRANSFER OF CHECKING ACCOUNT

Name of Decedent

Social Security Number

Address

County of Residence

Date of Death (if known)

Under Code § 6-4.1-8-4.6, notice is hereby served that the checking account of the decedent qualifying under said statute, in the possession or control of the undersigned, has been transferred to an individual other than the surviving spouse and the following information is given concerning such property:

Description of Property	Account Number	Form of Ownership	Fair Market Value at Date of Death

Name of Transferee(s)	Relationship to Decedent	Phone Number of Transferee(s)	Address of Transferee(s)

Date of Transfer _____

HOLDING INSTITUTION OR TRANSFER AGENT

NOTE: (If you will enclose a self-addressed, stamped envelope and two copies of this Notice, one will be returned to you stamped with the date it is received and the name of the office receiving it.)

Name _____

Address _____

City _____ State _____ Zip Code _____

Signature of Authorized Official _____ (Phone) _____

This notice must be provided to the county assessor of the county in which the resident decedent was domiciled at the time of death, or to the Indiana Department of Revenue.