



STATE OF IOWA

OFFICE OF TREASURER

UNCLAIMED PROPERTY DIVISION

AFFIDAVIT OF ADMINISTRATION

The undersigned, _____, being duly sworn on oath, submits the following:

1. I am the _____ [relationship] of _____ [Owner/Decedent], who died on _____ [date].

a. **Owner/Decedent** was a resident of _____ [State] at the time of their death. (Please indicate the state or states that the Owner was a resident of at the time of their death.)

2. I affirm the following [please mark an "x" next to the selection that matches how the Owner/Decedent's estate was distributed and include necessary attachments.]:

Only **one option A-D will apply** to the handling of the Estate of an Owner. Options E and F (Trusts) may also apply, but **you must first indicate the proper option listed in A-D.**

____ (A.) **No Will – No Administration** (Owner died without a Will and no documents were ever filed with a court regarding distribution of Owner's property.)
*Include a copy of **Owner's death certificate** and **obituary** (listing the family members who survived Owner and predeceased Owner.)

(A.)(i) The value of Decedent's total estate was \$_____.
(This does not include any property which was titled jointly with another person or Life Insurance proceeds paid directly to a beneficiary.)

____ (B.) **No Will – Administration** (Owner died without a Will and some documents were filed with a court regarding distribution of Owner's property.)
*Include a copy of **Owner's death certificate** and **obituary** (listing listing the family members who survived Owner and predeceased Owner.)
*If the Estate is currently in probate: a copy of the **Letters of Appointment as Administrator.**
*If the Estate was probated: a copy of the **Final Report** and **Order Approving the Final Report** for the Estate of Owner.

____ (C.) **Will – No Administration** (Owner died having created a Will, but the Will was not filed with a court and no documents were ever filed with a court regarding distribution of Owner's property.)
*Include a copy of **Owner's death certificate**, **obituary** (listing the family members who survived Owner and predeceased Owner.) and **Will.**

(C.)(i) The value of Decedent's total estate was \$_____.
(This does not include any property which was titled jointly with another person or Life Insurance proceeds paid directly to a beneficiary.)

_____ (D.) **Will – Administration** (Owner with a Will and the Will was filed with a court.)
*Include a copy of **Owner’s death certificate** and **file stamped copy** of the **Will**.
*If the Estate is currently in probate: a copy of the **Letters of Appointment as Executor**.

*If the Estate was probated: a copy of the **Final Report and Order Approving the Final Report**.

*If full probate was not required: any “**Small Estate**” or “**Probate Without Administration**” **documents** that were used in distribution of the Estate.

_____ (E.) **Trust – Open** (Owner’s estate was distributed through a trust and that trust remains open.)
*Include a copy of the **trust instrument**, a **recent bank statement** or accounting of the trust, the **federal tax ID number** of the trust and a copy of the **Letters of Appointment as Trustee** (or other document showing that Claimant is Trustee).

_____ (F.) **Trust – Closed** (Owner’s estate was distributed through a trust and that trust has been closed and all assets distributed.)
*Include a copy of the **trust instrument**, **federal tax ID number** of the trust and the **final tax return** of the trust.

3. Attached to this Affidavit is Page 3, listing all beneficiaries of Owner’s Will or if there was not a Will, Owner’s next of kin or “heirs.” (Please see below for clarification on who are next of kin or heirs.)

*Include spouse and children of Owner and if any children have died, the grandchildren of Owner.

*If no spouse, child or grandchild of Owner is alive, please include parents, siblings and any children of deceased siblings (nieces/nephews) of Owner.

*If no parent or sibling of Owner is alive, please include the names of Owner’s grandparents, all of Owner’s aunts and uncles and the children of any aunts or uncles who have passed away (cousins).

PAGE 3 MUST BE ATTACHED AND COMPLETED FOR CLAIMS TO BE PROCESSED.

4. The information in this affidavit, all information and documents submitted with this affidavit, and all other information related to this that is provided to the Iowa Treasurer’s Office, the State of Iowa, or any officer, agent, employee, contractor, vendor, or designee of the Treasurer’s Office or the State of Iowa is true and accurate. If I provide false, misleading, deceptive, or fraudulent information related to this claim, I understand and agree that: (i) this claim may be denied in whole or in part, as determined solely in the discretion of the Treasurer’s Office; and (ii) I shall reimburse and indemnify the Treasurer’s Office for all amounts I or others wrongfully obtain and all costs, including court costs and attorneys’ fees, incurred by the Treasurer’s Office or the State of Iowa.

Claimant Signature _____

[The above signature must be notarized regardless of the dollar amount of the claim.]

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Signature _____

Notary Public in and for the
State of _____

Expiration Date: _____

PAGE 3 MUST BE ATTACHED AND COMPLETED FOR CLAIMS TO BE PROCESSED.

<u>NAME(S) OF ALL BENEFICIARIES/HEIRS</u>	RELATIONSHIP TO OWNER	IS BENEFICIARY LIVING OR DECEASED?	IF BENEFICIARY LIVING, ADDRESS AND PHONE NUMBER OF BENEFICIARY	IF BENEFICIARY DECEASED, DATE OF DEATH	IF BENEFICIARY DECEASED, COUNTY AND STATE OF DEATH

NOTE: If the beneficiaries are not listed in the Will or in a trust document, proof of relationship must be provided, such as with an obituary or death certificate.