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AFFIDAVIT FOR CERTIFICATE OF TITLE CORRECTION
 State Form 5552 (9/10-14)
 INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form. Copies may be accepted.
 2. Use the form below to correct information on a certificate of title or certificate of origin that contains errors, erasures or alterations. Illegible titles will not be accepted.

SECTION 1. AFFIRMATION OF SELLER(S)		
Seller(s) Name (last, first, middle initial or company name)		
Certificate of Title Number (if applicable)		Title Issue Date (mm/dd/yyyy)
VEHICLE IDENTIFICATION NUMBER or HULL IDENTIFICATION NUMBER		
Year	Make	Model
The following information was entered in error on the certificate of title or certificate of origin indicated above. I hereby request the Indiana Bureau of Motor Vehicles to correct this information upon application for certificate of title by the Purchaser.		
<input type="checkbox"/> The Odometer Reading or Brand is incorrect. (A separate conforming odometer statement is required to be attached to this form.)		
<input type="checkbox"/> The Date of Sale is incorrect. The correct Date of Sale is: _____ (mm/dd/yyyy).		
<input type="checkbox"/> The Selling Price is incorrect.	<input type="checkbox"/> The Trade in Price is incorrect.	<input type="checkbox"/> The Total Price Paid is incorrect.
The Selling Price is: \$ _____	The Trade in Price is: \$ _____	The Total Price Paid is: \$ _____
<input type="checkbox"/> The Name of Purchaser is incorrect and no other purchaser(s) have taken possession of this vehicle/watercraft other than the purchaser(s) indicated on this form. The Purchaser(s) is: _____		
<input type="checkbox"/> Other: (Explain below.)		
I swear or affirm that the information entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.		
Seller Signature	Printed Name	Date (mm/dd/yyyy)
Seller Signature	Printed Name	Date (mm/dd/yyyy)

The knowing or intentional failure of the seller or transferor to fill in all buyer information is a Class A misdemeanor or a Class D felony for the second or subsequent offense under IC 9-17-3-7(c) (2). (A Class A misdemeanor for the first violation; or a Class D felony for the second violation or any subsequent violation.)

Small Estate Affidavit
Affidavit for Collection of Property

I certify that all of the following statements are true in regard to the Estate of _____ who has deceased in the State of _____, County of _____.

1. Decedent, _____, died on the ___ day of _____, _____ in the County of _____, in the State of _____.
2. A copy of the decedent's death certificate will be submitted along with this affidavit.
3. My name is _____.
4. I reside at _____ in the City of _____, in the State of _____.
5. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
6. The value of the decedent's estate does not exceed the monetary limit of _____ Dollars (\$ _____) imposed by the State of _____.
7. I am either an heir of the decedent, and the decedent left no will, or I am a named devisee of the decedent in the decedent's will.
8. More than ___ days have passed since the decedent's death.
9. There is no pending administration of the decedent's estate.
10. There is no reasonable expectation that probate of the decedent's estate is soon to commence.
11. All heirs or devisees of the decedent are listed below:

Name	Address

Print Reset Save

IC 9-17-3-7(c) (2) (A) (Class A misdemeanor for the first violation; or a Class D felony for the second violation or any subsequent violation.)

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1985," the undersigned hereby submits the following Application for Reservation of Name.

1. The following name or names shall be reserved for a period of 90 days each:

2. A brief summary of the purpose intended to be conducted by the corporation is:

3. Name of applicant: _____
4. Address of applicant: _____

Date: _____

 Signature of Applicant

NOTE: If the applicant is an individual, it is to be signed by the applicant. If the applicant is a corporation, it is to be signed by the corporation's president or vice-president and verified by the secretary or an assistant secretary.

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