



Please use this list to identify each document that you will need to include when you return your completed paperwork. Please provide Social Security number as indicated.

Decedent's Personal Information

Decedent's Name: Ina R. Henderson
Decedent's Social Security Number: 306 14 8007
Date of Death: 05/21/2005
Case Number: W008827-23MAY05

Estate Information

The Estate Name: The Estate of Ina R. Henderson
Tax Identification Number: 306 14 8007
Address: C/o Walter Robins
8400 W. County Rd. 400 South
Yorktown, IN 47396-9500
Daytime Phone Number: 765-759-9331

Checklist of Required Information

Please use this list to check that you have correctly completed all the forms and included all the documents that you need to return.

- One certified death certificate, stating the cause and manner of passing
- Official Court Appointment of Administrator of Estate
- Copy of Internal Revenue Service Notice CP 575 assigning you an Employer Identification Number (EIN)
- Basic Life Insurance Claim Form
- A copy of Administrator's Driver's License
- Beneficiary Affidavit

If you have questions, please call Alexandra Orellana, toll-free, at 1-877-208-0807, extension 8578 any business day (excluding New York Stock Exchange holidays) between 8:30 A.M. and 5:00 P.M., Eastern Time.

Make a copy of this form and return the original, plus all necessary documentation in the enclosed return envelope.



Form IH-14

State Form 48839 (R1 / 02/02)

COPY

STAR BANK

Prescribed by the Indiana Department of Revenue

Application For Consent To Transfer Securities Or Personal Property Of Any Description Owned By A Resident Decedent

(Please enclose self-addressed stamped envelope for prompt return)

In the Matter of the Estate of: Ina M. Henderson

Decedent's Social Security Number: 306-14-8007, deceased of Delaware County

I (we) surviving owner(s) of personal property, held in joint names with the decedent, personal representative(s), or legal heir(s) of the decedent's estate (strike inappropriate terms) do hereby certify:

That the decedent died testate (intestate) on the 21st day of May, 2005, a resident of Delaware County, State of Indiana, and

(a) that letters testamentary or of administration were granted to by the Court of County on the day of, 20, or

(b) that no administration of the estate of said decedent is pending in any court and no proceedings therefore are contemplated by anyone to the knowledge, information or belief of the undersigned, except as stated on the back of this sheet. (Strike either (a) or (b), whichever is not pertinent.)

That at the date of death said decedent owned the following listed securities and/or other personal property:

Holding Institution	Description of Property	Date of Death	Value
STAR Financial Bank	CD# 19112544		\$ 91,853.107

Person(s) to whom the property will be transferred:
 Walter C. Robins P.O.D.
 Relationship to decedent and/or estate
 8400 W. CR 400S.
 Address
 Yorktown, IN 47396

James D. Amichawel
 JUL 15 2005
 FILED
 DELAWARE COUNTY ASSESSOR

By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

Signature of transferee(s): Walter C. Robins Name (typed or printed): WALTER C. ROBINS

CONSENT TO TRANSFER

The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in the foregoing application be transferred to the above transferee(s) by any person, corporation or association holding or controlling the transfer of said property, under the following conditions:

Dated 7-15, 2005

Indiana Department of Revenue Inheritance Tax Division By James D. Amichawel Assessor and Inheritance Tax Appraiser

NOTE: The application must be submitted, in triplicate, to the county assessor where the decedent was a resident and a consent will be issued by the county assessor. A separate application must be submitted for each person, association, or organization holding assets of a resident decedent.



Application For Consent To Transfer Securities Or Personal Property Of Any Description Owned By A Resident Decedent

(Please enclose self-addressed stamped envelope for prompt return)

In the Matter of the Estate of: JNA M. HENDERSON

Decedent's Social Security Number: 306-14-8007, deceased of DELAWARE County

Decedent's Address 8400 W CR 400 S, YORKTOWN, IN 47396

I (we) WALTER C ROBBINS
(strike inappropriate terms) surviving owner(s) of personal property, held in joint names with the decedent, personal representative(s), or legal heir(s) of the decedent's estate do hereby certify:

1. That the decedent died ~~testate~~ (intestate) on the 21ST day of MAY, 2005, a resident of DEL. County, State of Indiana, and

2. Check either (a) or (b), whichever is pertinent.

(a) that letters testamentary or of administration were granted to _____ by the _____ Court of _____ County on the _____ day of _____, 20____, or

(b) that no administration of the estate of said decedent is pending in any court and no proceedings therefore are contemplated by anyone to the knowledge, information or belief of the undersigned, except as stated on the back of this sheet.

3. That at the date of death said decedent owned the following listed securities and/or other personal property:

Holding Institution	Description of Property	Date of Death	Value
<u>BANK ONE</u>	<u>CD</u>	<u>9/1, 2005</u>	<u>11</u>

4. Person(s) to whom the property will be transferred:

WALTER C ROBBINS POD
Relationship to decedent and/or estate
8400 W CR 400 S, YORKTOWN, IN 47396
Address



By making this application, the undersigned hereby agrees to pay any Indiana Transfer Taxes that may be imposed due to the demise of the decedent, and further says, under the penalty for perjury (Sentence on conviction may be for a prison term and a fine of \$10,000.00), that the statements herein are true and correct to the best of such person's knowledge and belief.

Walter C. Robbins
Signature of transferee(s)

WALTER C. ROBBINS
Name (typed or printed)

CONSENT TO TRANSFER (To be completed by County Assessor)

The Inheritance Tax Division of the Indiana Department of Revenue, hereby consents that the property described in the foregoing application be transferred to the above transferee(s) by any person, corporation or association holding or controlling the transfer of said property, under the following conditions: _____

Dated 7-19, 2005 By James D Carmichael
County Assessor and Inheritance Tax Appraiser
Del County, Indiana

INSTRUCTIONS: The application must be submitted, in triplicate, to the county assessor where the decedent was a resident and a consent will be issued by the county assessor. A separate application must be submitted for each person, association, or organization holding assets of a resident decedent.

* Once completed, this form is confidential pursuant to Ind. Code §6-4.1-12-12. To comply with Administrative Rule 9 and Trial Rule 5(G) this form is marked "Not for Public Access" and is required to be filed on light green paper if it is filed for an otherwise public estate.

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FIRST MERCHANTS BANK, NA

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INA M HENDERSON
 8400 W COUNTY ROAD 400 S
 YORKTOWN IN 47396-9500

TIN 306-14-8007 *Notes*
Phone 765 759-9331 Home
Reg-0
User Nbr
Status Active
 INA DECD 05/21/05

Tax Records

Balances		Dates		Payoff			Totals	Go to Cust Inq
Application	Account	Rel	Typ	Off	Brn	Balance	Avail Balance	
Certificate	1917897	JTD	C28	B05	005	.00	.00	
Certificate	1923242	SOL	C05	B05	005	46,869.59	.00	
Certificate	2005972	JTD	36C	B05	005	50,683.00	.00	

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