

SOUTH DAKOTA DIVISION OF MOTOR VEHICLES

AFFIDAVIT OF VEHICLE OWNERSHIP BY SUCCESSION

AFFIANT NAME(S) _____ ADDRESS _____
 _____ ADDRESS _____

VEHICLE/BOAT DATA YEAR _____ MAKE _____ SERIAL # _____
 LICENSE # _____ TITLE # _____

I hereby affirm that _____ (decedent) died on _____ (date); that at least 30 days have elapsed since that death; that the value of the entire estate wherever located, less liens and encumbrances, does not exceed \$50,000 (SDCL 29A-3-1201); that no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction; that the decedent has not incurred any indebtedness to the Department of Social Services for medical assistance for nursing home or other medical institutional care; and that the claiming successor is entitled to payment or delivery of the property.

All successors who might have a claim on the estate are listed below:

| | | |
|-----------|-----------|-----------|
| Successor | Successor | Successor |
| Successor | Successor | Successor |

that all successors listed above (parent or legal guardian, if successor is a minor) agree and have indicated to me that ownership of the vehicle/boat should rest in _____ (successor) of _____ (address).

I hereby request that the Department of Revenue issue Title covering this vehicle/boat in the name indicated and that I agree to protect and indemnify the South Dakota Department of Revenue, Division of Motor Vehicles, against any and all liabilities and claims which may arise as a result of this title issuance.

Please check applicable box:
 Certificate of title is is not available

Signature of Affiant(s) _____

STATE OF SOUTH DAKOTA
 COUNTY OF _____ SS.

 Notary Public or County Treasurer

Subscribed and Sworn to before me this _____
 day of _____, 20_____

 Date Commission Expires