

SOUTH DAKOTA AFFIDAVIT OF HEIRSHIP

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State of South Dakota)

County of _____) ^{SS.}

_____, of lawful age, being first duly sworn, upon his/her oath deposes and says:

That he/she was personally well acquainted with _____ (hereinafter referred to as decedent) during his/her lifetime, having known him/her for _____ years, and that affiant bears the following relationship to said decedent, to wit: _____.

Affiant further states that the said decedent departed this life at _____, in the County of _____, State of South Dakota on or about _____, 20____ (attach copy of death certificate).

Affiant further states that he/she was acquainted with the family and relatives of the said decedent, and the value and nature of the property owned by the decedent, and the value and nature of the property owned by the decedent at the time of his/her death. The following statements and answers to the following questions are based upon the personal knowledge of affiant and are true and correct:

1. (a) Was an estate ever opened for said decedent in a court of law? _____

(b) If so, when, where and what was the case number?

2. Did the decedent leave a will? _____ (attach copy, if any)

3. Give the name of any spouse of the decedent who lived longer than the decedent: _____

4. Give the approximate date that any surviving spouse later died:

5. List the names of all children of the decedent. Include all children by any marriage, illegitimate children and adopted children. Also address.

6. (a) Give the names of any children listed at 5 (above) who died before the decedent:

Name/Address	Date of Death
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- (b) Give the names of the children of any children listed at 6 (a):

Date of Death	Parents
Name if now deceased	

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<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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7. If there were no descendants (children, grandchildren, etc.) of the decedent living at the time of his/her death, then list the names of the father, mother, brothers and sisters of the decedent, and, if applicable, the dates of their deaths.

Date of Death	Name	Relationship if now deceased
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Affiant further states that all debts of the decedent, including the funeral and burial expenses and any final medical bills, have been paid in full, and that the value of all property owned by the decedent at the time of his/her death did not exceed \$ _____.

Signature of Affiant _____

Address of Affiant _____

Telephone (Days) _____

(Evenings) _____

Subscribed and sworn to before me this _____ day of

_____, 20____.

Notary Public

Note: Please attach a copy of the death certificate of the decedent and a copy of his/her will, if any.

Prepared by: _____

Return to: _____