

SMALL ESTATE AFFIDAVIT

(Pursuant to SDCL §§ 29A-3-1201, 29A-3-1203)

I certify that all the following statements are true regarding the Estate of _____ (Decedent Name):

1. Decedent, _____, died on _____ (mm/dd/yyyy) in the County of _____, in the State of South Dakota.
2. My name is _____.
3. I reside at _____.
4. The value of the assets of the decedent's estate exceeds the estate's known liabilities.
5. The value of the decedent's estate does not exceed the monetary limit of \$100,000.00, less liens and encumbrances, imposed by the State of South Dakota.
6. I am entitled to payment or delivery of the decedent's property.
7. More than thirty (30) days have passed since the decedent's death.
8. The decedent did not owe the Department of Social Services any debt for medical assistance for medical institutional care or a nursing home.
9. There is no application or petition of a personal representative for the decedent's estate pending or granted in any jurisdiction.
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:

Heir / Devisee Name	Address	Relation	Phone #

12. All heirs or devisees will be given notice of this affidavit within thirty (30) days of filing.
13. All assets of the decedent's estate (whether real property or personal property, whether community property or separate property) and the value of such assets are listed below:

Asset	Value (\$)	Additional Information

(If more Assets, continue in **ATTACHMENT B**)

14. All liabilities and debts of the decedent's estate, and what the estate owes each creditor, are listed below:

Liability / Debt	Amount Owed (\$)	Creditor Information

(If more Liabilities/Debts, continue in **ATTACHMENT C**)

15. The following heirs or devisees are entitled to the following property:

Heir / Devisee	Property

(If more Heirs/Devisees, continue in **ATTACHMENT D**)

15. This document is governed by the laws of the State of South Dakota.

16. _____
(Signature of the Affiant, the person preparing this affidavit)

Signed and sworn to me on _____ (mm/dd/yyyy).

NOTARY ACKNOWLEDGMENT

State of _____
County of _____

I, the undersigned authority in and for said County in said State, hereby certify that _____, whose name is signed as the Affiant in this small estate affidavit, and who is known to me, acknowledged before me on this day that, being informed of the contents of the said document, (s)he executed the same voluntarily on the day the same bears date. Given under my hand on _____ (mm/dd/yyyy).

Notary Public Signature: _____

Printed Name: _____ My commission expires: _____

(Notary Seal)

(Continued from Section 11)

POWERED BY
 Notarize™

ATTACHMENT B
(Continued from Section 13)

[illegible]

ATTACHMENT C

(Continued from Section 14)

[illegible]

ATTACHMENT D

(Continued from Section 15)

Heir / Devisee	Property