

STATE OF SOUTH DAKOTA)
 : SS
COUNTY OF HUGHES)

PETITION TO LIMIT THE FINANCIAL
RESPONSIBILITY OF THE ESTATE OF
A SURVIVING SPOUSE(SDCL 28-6-23)

I, _____ HEREBY PETITION THE DEPARTMENT OF SOCIAL SERVICES FOR AN ASSET ASSESSMENT, AND AUTHORIZE ANY PERSON, AGENCY OR INSTITUTION TO SUPPLY INFORMATION REQUESTED BY THE DEPARTMENT OF SOCIAL SERVICES, AND ALLOW INSPECTION AND REPRODUCTION OF SUCH RECORDS WHEN REQUESTED BY AN AUTHORIZED REPRESENTATIVE OF THE DEPARTMENT.

I UNDERSTAND THAT IF I KNOWINGLY FAIL TO DISCLOSE ASSETS OR MAKE ANY FALSE STATEMENTS TO THE STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES CONSTITUTES A CRIME AND THAT I COULD BE PROSECUTED UNDER SOUTH DAKOTA CRIMINAL LAWS AND ANY FAILURE ON MY PART TO PROVIDE CURRENT VERIFICATION OF MY STATEMENTS MAY CAUSE MY PETITION TO BE REJECTED OR DELAYED.

YOUR SIGNATURE

DATE

YOUR REPRESENTATIVE'S SIGNATURE

DATE

-----PLEASE PRINT-----

YOUR NAME _____

FIRST MIDDLE LAST BIRTH DATE

YOUR ADDRESS _____

STREET& # OR BOX CITY COUNTY ZIP

YOUR SOCIAL SECURITY NUMBER _____ PHONE _____

YOUR CURRENT MARITAL STATUS: MARRIED _____ WIDOW/WIDOWER _____

DECEASED SPOUSE

NAME _____

FIRST MIDDLE LAST BIRTH DATE

LAST RESIDENCE _____

STREET&# OR BOX CITY COUNTY ZIP

SOCIAL SECURITY NUMBER _____ DATE OF DEATH _____

DOES YOUR NAME OR YOUR DECEASED SPOUSE'S NAME APPEAR ON THE TITLE TO ANY LAND, BUILDINGS, HOUSES OR MOBLE HOMES? YES NO

For all property you must provide the county assessed value and legal description by providing the real estate notice from the Director of Equalization or a copy of the property card from the Director of Equalization

 FIRST NAME LAST NAME TYPE OF PROPERTY VALUE

 CO-OWNER LOCATION OF PROPERTY

 FIRST NAME LAST NAME TYPE OF PROPERTY VALUE

 CO-OWNER LOCATION OF PROPERTY

DID YOU OR YOUR DECEASED SPOUSE HAVE ANY CASH AT HOME, WITH YOU OR ANY WHERE ELSE? (CASH HELD ALONE OR JOINTLY) YES NO

 FIRST NAME LAST NAME FIRST NAME LAST NAME

\$ _____ \$ _____
 AMOUNT AMOUNT

 FIRST NAME LAST NAME FIRST NAME LAST NAME

\$ _____ \$ _____
 AMOUNT AMOUNT

YOU MUST PROVIDE VERIFICATION IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS:

DID YOUR NAME APPEAR (EITHER ALONE, WITH YOUR DECEASED SPOUSE, OR WITH ANY OTHER PERSON) ON ANY INDIVIDUAL OR JOINT: CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, INDIVIDUAL RETIREMENT ACCOUNT(IRA) KEOGH PLAN, INDIVIDUAL INDIAN MONEYS (IIM), MONEY MARKET FUNDS, OR CERTIFICATE OF DEPOSIT? YES NO

NAME/ ADDRESS OF BANK	ACCOUNT#	OWNERS	BALANCE
			\$
			\$
			\$
			\$

DID YOUR NAME OR YOUR DECEASED SPOUSE’S NAME APPEAR ON ANY LIFE INSURANCE POLICIES, TRUSTS FUNDS, ACCOUNTS SET UP FOR BURIAL EXPENSES, STOCKS, BONDS, US GOV’T BONDS, MORTGAGE NOTES, CONTRACT FOR DEED, SAFETY DEPOSIT BOXES, LIVE ESTATES, OR OTHER ITEMS OF VALUE? YES NO

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME
	TYPE OF RESOURCE	CASH VALUE	FACE VALUE
FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME
	TYPE OF RESOURCE	CASH VALUE	FACE VALUE

DID YOU OR YOUR DECEASED SPOUSE OWN OR JOINTLY OWN FARM EQUIPMENT, LIVE STOCK, OR ANY OTHER ITEMS OF VALUE? (TRACTOR, HORSES, ANTIQUES, GUNS, HOBBIES, FURS, JEWELRY, PAINTINGS, VALUABLE COLLECTIONS) YES NO

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
TYPE OF ITEM				VALUE

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
TYPE OF ITEM				VALUE

DID YOUR NAME OR THE NAME OF YOUR DECEASED SPOUSE APPEAR ON THE TITLE OF A CAR, TRUCK, MOTORCYCLE, BOAT, RECREATIONAL VEHICLE (CAMPER, SNOWMOBILE), OR ANY OTHER VEHICLE? YES NO

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE				VALUE
				AMOUNT OWED \$ _____

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE				VALUE
				AMOUNT OWED \$ _____

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE				VALUE
				AMOUNT OWED \$ _____

PLEASE ATTACH ALL COPIES OF VERIFICATION