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| --- | --- |
| **Prepared By:**  Name: [PREPARER NAME]  Telephone Number: [PREPARER TELEPHONE]  Address: [PREPARER ADDRESS]  [PREPARER CITY, STATE, ZIP]  **After Recording Return To:**  Name: [RECIPIENT NAME]  Address: [RECIPIENT STREET ADDRESS]  [RECIPIENT CITY, STATE, ZIP] |  |

*Space above this line for recorder’s use only*

**AFFIDAVIT OF CONFIRMATION AND SURVIVORSHIP FOR TRANSFER ON DEATH DEED**

STATE OF SOUTH DAKOTA

COUNTY OF [PROPERTY COUNTY]

I, [AFFIANT NAME], being first duly sworn on oath, state that to my personal knowledge:

1. [DECEDENT NAME] (Decedent) is the person named in the certified copy of the Certificate of Death attached hereto.
2. On [MM/DD/YYYY], Decedent was an owner of the property in County, South Dakota, legally described as follows:

[ENTER PROPERTY LEGAL DESCRIPTION HERE (OR ATTACH AND INSERT)]

and Decedent was the transferor in a transfer on death deed (Deed) recorded on

[MM/DD/YYYY], as in Book [BOOK NUMBER], Page [PAGE NUMBER], in the office of the register of deeds of [COUNTY NAME] County, South Dakota.

1. The name(s) and address(es) of the Designated Beneficiary(ies) named in the Deed who survived the Decedent is(are):

[DESIGNATED BENEFICIARY NAME] [DESIGNATED BENEFICIARY ADDRESS]

1. The name(s) and address(es) of the contingent beneficiary or person who takes under the anti-lapse statutes and who survived the Decedent.

[CONTINGENT BENEFICIARY NAME] [CONTINGENT BENEFICIARY ADDRESS]

1. The Designated Beneficiary(ies) named in the Deed who did not survive the Decedent is (are):

[DECEASED DESIGNATED BENEFICIARY NAME (IF APPLICABLE)]

Certified copies of Certificate(s) of Death for any deceased Designated Beneficiary(ies) is (are) also attached hereto.

1. Notice of the death of the Decedent has been given to the South Dakota Department of Social Services and it has been determined that no assistance was provided or that any obligation for reimbursement to the department has been satisfied.

Affiant Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [AFFIANT NAME]

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose names are signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_