

Prepared By:

Name: _____

Telephone Number: _____

Address: _____

After Recording Return To:

Name: _____

Address: _____

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 _____

I, _____, being first duly sworn on oath, state that to my personal knowledge:

1. _____ (Decedent) is the person named in the certified copy of the Certificate of Death attached hereto.
2. On _____, Decedent was an owner of the property in _____ County, South Dakota, legally described as follows:

and Decedent was the transferor in a transfer on death deed (Deed) recorded on _____, as in Book _____, Page _____, in the office of the register of deeds of _____ County, South Dakota.

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

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

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

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

6. 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: _____ Date: _____
Printed 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: _____