**SOUTH DAKOTA SMALL ESTATE AFFIDAVIT**

I certify that all the following statements are true regarding the Estate of [DECEDENT NAME] (Decedent Name):

1. Decedent, [DECEDENT NAME], died on [MM/DD/YYYY] in the County of [COUNTY], in the State of South Dakota.
2. My name is [AFFIANT NAME].
3. I reside at [AFFIANT ADDRESS].
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 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 pending administration of the decedent’s estate.
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 #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

1. 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**)

1. 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**)

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

|  |  |
| --- | --- |
| **Heir / Devisee** | **Property** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

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

1. This document is governed under the laws of the State of STATE.

(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)

**ATTACHMENT A**

(Continued from Section 11)

|  |  |  |  |
| --- | --- | --- | --- |
| **Heir / Devisee Name** | **Address** | **Relation** | **Phone #** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ATTACHMENT B**

(Continued from Section 13)

|  |  |  |
| --- | --- | --- |
| **Asset** | **Value ($)** | **Additional Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ATTACHMENT C**

(Continued from Section 14)

|  |  |  |
| --- | --- | --- |
| **Liability / Debt** | **Amount Owed ($)** | **Creditor Information** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ATTACHMENT D**

(Continued from Section 15)

|  |  |
| --- | --- |
| **Heir / Devisee** | **Property** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |