

SOUTH DAKOTA DIVISION OF MOTOR VEHICLES

AFFIDAVIT OF VEHICLE OWNERSHIP BY SUCCESSION

AFFIANT NAME(S) _____ ADDRESS _____
_____ ADDRESS _____
VEHICLE/BOAT DATA YEAR _____ MAKE _____ SERIAL # _____
LICENSE # _____ TITLE # _____

I hereby affirm that _____ (decedent) died on _____ (date); that at least 30 days have elapsed since that death; that the value of the entire estate wherever located, less liens and encumbrances, does not exceed \$50,000; that no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction; that the decedent has not incurred any indebtedness to the Department of Social Services for medical assistance for nursing home or other medical institutional care; that a copy of the affidavit is being furnished to the Special Taxes Division of the Department of Revenue and any inheritance tax due will be paid; and that the claiming successor is entitled to payment or delivery of the property.

All successors who might have a claim on the estate are listed below:

_____ Successor	_____ Successor	_____ Successor
_____ Successor	_____ Successor	_____ Successor

that all successors listed above (parent or legal guardian, if successor is a minor) agree and have indicated to me that ownership of the vehicle/boat should rest in _____ (successor) of _____ (address); that all inheritance tax due South Dakota will be paid; and that I understand that an inheritance tax lien may be noted on this vehicle's/boat's title if such taxes are not paid.

I hereby request that the Department of Revenue issue Title covering this vehicle/boat in the name indicated and that I agree to protect and indemnify the South Dakota Department of Revenue, Division of Motor Vehicles, against any and all liabilities and claims which may arise as a result of this title issuance.

Please check applicable box:
Certificate of title is is not available

Signature of Affiant(s) _____

STATE OF SOUTH DAKOTA
COUNTY OF _____ SS.
Subscribed and Sworn to before me this _____
day of _____, 20_____

Notary Public or County Treasurer

Date Commission Expires