

SOUTH DAKOTA DIVISION OF MOTOR VEHICLES

AFFIDAVIT OF VEHICLE REPOSSESSION

AFFIANT NAME(S) _____ ADDRESS _____
_____ ADDRESS _____

VEHICLE/BOAT DATA YEAR _____ MAKE _____ SERIAL # _____
LICENSE # _____ STATE _____ TITLE # _____ TITLED IN (STATE) _____

This is to certify that on the _____ day of _____, 20__ the undersigned did lawfully repossess the vehicle as described above from _____ of _____, because of the failure of the debtor to fulfill his/her obligation according to the terms of the encumbrance on said vehicle. That I (we) make this affidavit for the purpose of establishing ownership to said vehicle in order to obtain a Certificate of Title hereto under the laws of the state of South Dakota. I (we) further state that in consideration of the issuance of the transfer of certificate of title applied for, I (we) hereby agree to indemnify the Secretary of the Department of Revenue and all persons acting for him from any and all liability that may occur by the issuance of such certificate and agree at my expense to defend any suit that may be brought against the Secretary or any person acting for him as a result of issuing such certificate.

Signature of Affiant _____ On behalf of _____
(Name of Lienholder)

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

Lienholder
Address _____

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