

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Conservatorship; <input type="checkbox"/> Conservatorship; or <input type="checkbox"/> Guardianship & Conservatorship</p> <p>Of: _____</p> <p>a <input type="checkbox"/> Minor <input type="checkbox"/> Protected Person</p>	<p>File NO: _____</p> <p>Petition for Resignation</p>
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I, _____, the (☐ Guardian, ☐ Conservator, ☐ Guardian & Conservator) for the above-mentioned Individual, being duly sworn upon oath, state and affirm the following:

1. I was appointed by the Court on _____ (month), _____ (day), _____ (year).

2. I provide the following assistance, services, and protection to the Individual (*explain in detail*):

3. I request the Court's permission for resignation because (*explain in detail*):

4. To serve as my successor, I propose:

_____, _____, _____
(Full Legal Name) (DOB, or Tax ID if business) (Mailing Address)
()
(Phone Number)

5. My proposed successor is suitable, pursuant to SDCL 29A-5-110, and also capable of providing an active and suitable program of guardianship and/or conservatorship for the above-mentioned Individual. These capabilities are provided below (*explain in detail*):

_____.

6. My proposed successor is willing to uphold the same duties and responsibilities as the Court vested in me in my Order of Appointment for the benefit of the above-mentioned Individual. My proposed successor's signature (or the signature of an agent thereof) to this Petition and Affidavit only indicated the willingness of my proposed successor to serve in a similar capacity,

7. Attached is my Final Report and/or Accounting, if required and not waived by the Court.

I swear or affirm under oath that the information I provided in this Petition for Resignation and Affidavit is true and correct to the best of my knowledge. I affirm that this Petition for Resignation and Affidavit is brought in the best interests of the above-names Individual. **I also affirm that I have mailed a copy of this Petition and Consent to those parties listed in SDCL 29A-5-410.**

Sworn/affirmed before me this _____ day of _____, 20_____.

Notary Public/Clerk of Court

If Notary, my commission expires:

(SEAL)

Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: () _____

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<p>In the Matter of the:</p> <p><input type="checkbox"/> Conservatorship; <input type="checkbox"/> Conservatorship; or</p> <p><input type="checkbox"/> Guardianship & Conservatorship</p> <p>Of: _____</p> <p>a <input type="checkbox"/> Minor <input type="checkbox"/> Protected Person</p>	<p>File NO: _____</p> <p style="text-align: center;">Consent (To Serve as Successor for Resignee)</p>
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I, _____, being first duly sworn, state as follows:
(Full Legal Name of Consenting Successor or Agent)

1. I am qualified to serve as the Successor to _____, based on the requirements set out in SDCL 29A-5-110. *(Name of Resignee)*
2. I have reviewed the Resignee's Petition for Resignation to which this Consent attaches.
3. I affirm and attest that the capabilities the Resignee attributed to me (or my principal, if an agent) for providing an active and suitable program of guardianship and/or conservatorship in Part 5 of the Petition for Resignation, are true and correct.
4. I hereby freely and voluntarily, and not as a result of any threat or premise, consent to serve as the Successor (☐ Guardian, ☐ Conservator, ☐ Guardian & Conservator) for
_____.
(Name of Minor / Protected Person)

Dated this _____ day of _____, 20_____.

Sworn/affirmed before me this _____ day of _____, 20_____.

Notary Public/Clerk of Court

If Notary, my commission expires: _____

(SEAL)

Person's Signature

Name (Print): _____

Address: _____

City/State/Zip: _____

Phone Number: (____) _____

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I, _____, being sworn, state that on _____,
(Full Legal name of Petitioner) (Month)
_____, _____, I served the Petition for Resignation and Consent on the parties by placing
(Day) (Year)
true and correct copies of the document in envelopes addressed to:

NAMES	MAILING ADDRESSES

and depositing the envelopes, with sufficient postage, in the United States Mail at

_____, _____.
(City) (State)

Dated this ____ day of _____, 20____.

Sworn/affirmed before me this _____ day of
_____, 20____.

Notary Public/Clerk of Court

If Notary, my commission expires:

(SEAL)

Person's Signature
Name (Print): _____
Address: _____
City/State/Zip: _____
Phone Number: (____) _____