

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

In the Matter of the: ☐ Guardianship; ☐ Conservatorship; or ☐ Guardianship & Conservatorship Of: _____ ☐ A Minor or ☐ A Protected Person	FILE(S) NO: _____ Order Approving Resignation
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Upon consideration of the Petition for Resignation and Consent, the Court:

FINDS there is a suitable successor willing to act and that good cause has been shown for the resignation.

FINDS the Petitioner filed proof that due notice was given to the above-mentioned Individual, if required, and to the relatives and interested parties required by SDCL 29A-5-410.

FINDS no objections or requests for hearing have been filed to the Petitioner's final accounting or report, if required and filed, and that any such document or documents filed are in proper form, such that the Petitioner has performed his/her duties as required by law.

IT IS THEREFORE ORDERED:

1. The Petition for Resignation is approved.
2. The Letters issued as evidence of Petitioner's authority for the benefit of the above-mentioned Individual are revoked.

Dated this _____ day of _____, 20____.

BY THE COURT:

ATTEST:

Circuit Judge

BY: _____
Clerk/Deputy Clerk of Court

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF _____

_____ JUDICIAL CIRCUIT

In the Matter of the: ☐ Conservatorship; ☐ Conservatorship; or ☐ Guardianship & Conservatorship Of: _____ a ☐ Minor ☐ Protected Person	File NO: _____ AFFIDAVIT OF MAILING
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I, _____, being sworn, state that on _____,
(Full Legal name of Petitioner) (Month)

_____, _____, I served the Order Approving Resignation on the parties
(Day) (Year)

by plaint 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: (____) _____