

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

COUNTY OF \_\_\_\_\_

\_\_\_\_\_ JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Guardianship; <input type="checkbox"/> Conservatorship; <b>or</b>  <input type="checkbox"/> Guardianship <b>&amp;</b> Conservatorship</p> <p>Of: _____</p> <p><input type="checkbox"/> A Minor <b>or</b> <input type="checkbox"/> A Protected Person</p>	<p>FILE(S) NO: _____</p> <p><b>Petition to Terminate Guardianship on Death of Protected Person</b></p>
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I, \_\_\_\_\_, Guardian for the above-named Protected Person, being duly sworn upon oath, state and affirm the following:

I was appointing guardian of the above-named Protected Person on \_\_\_\_\_ (month), \_\_\_\_\_ (day), \_\_\_\_\_ (year).

This guardianship has since terminated when the Protected Person died at \_\_\_\_\_ (time), on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, pursuant to SDCL 29A-5-507.

Attached to this Petition is a certified Copy of the Death Certificate as proof of death, pursuant to SDCL 29A-1-107(2).

If not waived by the Court, a Guardian’s Final Report is attached per SDCL 29A-5-403(4).

I request the Court enter an Order Terminating the Guardianship and Order Approving the Guardian’s Final Report, and that Letters of Guardianship be revoked (and any bond released).

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: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Co-Conservator’s Signature (if any)