



5. Pursuant to SDCL 29A-5-408, I request do not request a hearing with the Court on this accounting and my Objection. (select one)

I swear or affirm under oath that the information I provided in this Objection to Accounting is true and correct to the best of my knowledge. I swear or affirm that I have not filed this Objection for any malicious, delaying, or other improper purpose, and that I have filed it in the best interests of the Individual. **Because filing my written objection allows any Interested Person to request a hearing on this accounting, I shall mail a copy of this objection to the parties listed in SDCL 29A-5-410 no later than fourteen days after filing this objection.**

Dated \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(month) (day) (year)

\_\_\_\_\_  
Interested Person's Signature  
(Sign only in front of Notary or Clerk)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public/Deputy Clerk of Courts  
Commission Expires:

STATE OF SOUTH DAKOTA

IN CIRCUIT COURT

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

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

\*\*\*\*\*

In the Matter of the Conservatorship of \_\_\_\_\_

\_\_\_\_\_ GDN \_\_\_\_\_

\_\_\_\_\_,  
a  Minor  Protected Person.

AFFIDAVIT OF MAILING

\*\*\*\*\*

I, \_\_\_\_\_, being sworn, state that on \_\_\_\_\_,  
*(Full legal name of Interested Person)* *(Month)*

\_\_\_\_\_, \_\_\_\_\_, I served the Objection on the parties by placing true and correct copies  
*(Day)* *(Year)*

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\_\_

\_\_\_\_\_  
Signature of Interested Person  
**(Sign only in front of Notary or Clerk)**

Sworn/affirmed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Name: (Printed) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

\_\_\_\_\_  
(Notary Public/Clerk of Courts)

If Notary, my commission expires: \_\_\_\_\_  
(SEAL)