

STATE OF SOUTH DAKOTA
COUNTY OF _____

IN CIRCUIT COURT
_____ JUDICIAL CIRCUIT

<p>In the Matter of the:</p> <p><input type="checkbox"/> Guardianship; <input type="checkbox"/> Conservatorship; or</p> <p><input type="checkbox"/> Guardianship & Conservatorship</p> <p>Of: _____</p> <p><input type="checkbox"/> A Minor or <input type="checkbox"/> A Protected Person</p>	<p>FILE(S) NO: _____</p> <p>Order Approving Resignation</p>
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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

AFFIDAVIT OF MAILING

The undersigned hereby certifies that a true and correct copy of the Order Approving Resignation was mailed to

I, _____, being sworn, state that on _____, 2020, I served the NOICE
OF _____ (PETITION or OBJECTION) AND
ORDER ON HEARING by placing a true and correct copy of the document in an envelope addressed
to: _____ at: _____
(Full legal name of Plaintiff) (Plaintiff's mailing address)

In the city of _____, State of _____, Zip Code _____,
and depositing the envelope, with sufficient postage, in the United States Mail at:

(City and State mailed from)

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)