

STATE OF SOUTH DAKOTA)
)
COUNTY OF _____)
)

IN CIRCUIT COURT
)
_____ JUDICIAL CIRCUIT

In the Matter of the Guardianship of _____)
)
_____) PETITION TO TERMINATE GUARDIANSHIP
) ON DEATH OF PROTECTED PERSON
a Protected Person.)
)

I, _____, Guardian for the above-named Protected Person, being duly sworn upon oath, state and affirm the following:

I was appointed 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 _____ (month), _____ (year), 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 _____, _____, _____
(month) (day) (year)

Guardian’s Signature
(Sign only in front of Notary or Clerk)

Mailing Address

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

City, State, and Zip Code

(Notary Public / Clerk of Courts)

Phone Number

If Notary, my commission expires: _____
(SEAL)

E-mail Address