

**STATE OF SOUTH DAKOTA - OFFICE OF STATE TREASURER
UNCLAIMED PROPERTY DIVISION**

**AFFIDAVIT OF DISTRIBUTORY RESPONSIBILITY
(Type or Print Clearly)**

I _____ claimant), being duly sworn upon oath submit the following:
I am the _____ (state relationship) of _____ (original owner), who died on _____ day of _____, _____. I agree to act as representative of all surviving and eligible heirs of _____ (original owner) and such, agree to notify and distribute to all those entitled to a portion of the claim. List the names and complete addresses of all beneficiaries. Attach additional sheets if necessary.

IF THE DECEDENT HAD A WILL AND THE ESTATE WAS PROBATED

Below is a list of beneficiaries who are entitled to a portion of the claim according to the wishes as stated in _____'s (original owner's) will. Note: A copy of will or final report *must* be included with this form.

BENEFICIARY NAME	ADDRESS	CITY, STATE, ZIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF THERE WAS NO WILL OR THE ESTATE WAS NOT PROBATED

Below is a list of all those entitled to a portion of the claim according to intestate law. The decedent was survived by the following individuals (note: if an eligible heir is now deceased then their share must be distributed in accordance to their will or without a will, their surviving family members may be eligible to that heir's portion):

NAME RELATIONSHIP	ADDRESS	CITY, STATE, ZIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Under penalties of perjury, I hereby certify that the foregoing information is true and correct. I further certify that I have not received the property claimed and I and the people I am filing claim in behalf of are entitled to it. I agree to indemnify the State of South Dakota and its officers and its employees for any loss or claim whatsoever resulting from the payment of this claim to me.

_____ (Claimant's Signature)	_____ (Date)
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On this _____ day of _____, 20____, in the State of _____, County of _____, before me personally appeared _____, to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same of his own free act, and deed.

Seal

_____ (Notary Public)	_____
_____	_____ (Commission Expiration Date)