

STATE OF SOUTH DAKOTA ) PETITION TO LIMIT THE FINANCIAL  
: SS RESPONSIBILITY OF THE ESTATE OF  
COUNTY OF HUGHES ) A SURVIVING SPOUSE(SDCL 28-6-23)

I, \_\_\_\_\_ HEREBY PETITION THE DEPARTMENT OF SOCIAL SERVICES FOR AN ASSET ASSESSMENT, AND AUTHORIZE ANY PERSON, AGENCY OR INSTITUTION TO SUPPLY INFORMATION REQUESTED BY THE DEPARTMENT OF SOCIAL SERVICES, AND ALLOW INSPECTION AND REPRODUCTION OF SUCH RECORDS WHEN REQUESTED BY AN AUTHORIZED REPRESENTATIVE OF THE DEPARTMENT.

I UNDERSTAND THAT IF I KNOWINGLY FAIL TO DISCLOSE ASSETS OR MAKE ANY FALSE STATEMENTS TO THE STATE OF SOUTH DAKOTA DEPARTMENT OF SOCIAL SERVICES CONSTITUTES A CRIME AND THAT I COULD BE PROSECUTED UNDER SOUTH DAKOTA CRIMINAL LAWS AND ANY FAILURE ON MY PART TO PROVIDE CURRENT VERIFICATION OF MY STATEMENTS MAY CAUSE MY PETITION TO BE REJECTED OR DELAYED.

\_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
YOUR REPRESENTATIVE'S SIGNATURE

\_\_\_\_\_  
DATE

-----PLEASE PRINT-----

YOUR NAME \_\_\_\_\_

FIRST

MIDDLE

LAST

BIRTH DATE

YOUR ADDRESS \_\_\_\_\_

\_\_\_\_\_  
STREET&# OR BOX

CITY

COUNTY

ZIP

YOUR SOCIAL SECURITY NUMBER \_\_\_\_\_ PHONE \_\_\_\_\_

YOUR CURRENT MARITAL STATUS: MARRIED ☒ WIDOW/WIDOWER ☒

-----  
DECEASED SPOUSE

NAME \_\_\_\_\_

FIRST

MIDDLE

LAST

BIRTH DATE

LAST RESIDENCE \_\_\_\_\_

\_\_\_\_\_  
STREET&# OR BOX

CITY

COUNTY

ZIP

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

DSS-RE-840-07/97

**DOES YOUR NAME OR YOUR DECEASED SPOUSE'S NAME APPEAR ON THE TITLE TO ANY LAND, BUILDINGS, HOUSES OR MOBLE HOMES? YES ☐ NO ☐**

**For all property you must provide the county assessed value and legal description by providing the real estate notice from the Director of Equalization or a copy of the property card from the Director of Equalization**

\_\_\_\_\_  
FIRST NAME LAST NAME TYPE OF PROPERTY VALUE

\_\_\_\_\_  
CO-OWNER LOCATION OF PROPERTY

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\_\_\_\_\_  
FIRST NAME LAST NAME TYPE OF PROPERTY VALUE

\_\_\_\_\_  
CO-OWNER LOCATION OF PROPERTY

**DID YOU OR YOUR DECEASED SPOUSE HAVE ANY CASH AT HOME, WITH YOU OR ANY WHERE ELSE? (CASH HELD ALONE OR JOINTLY) YES ☐ NO ☐**

\_\_\_\_\_  
FIRST NAME LAST NAME

\$ \_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
FIRST NAME LAST NAME

\$ \_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
FIRST NAME LAST NAME

\$ \_\_\_\_\_  
AMOUNT

\_\_\_\_\_  
FIRST NAME LAST NAME

\$ \_\_\_\_\_  
AMOUNT

**YOU MUST PROVIDE VERIFICATION IF YOU ANSWER “YES” TO ANY OF THE FOLLOWING QUESTIONS:**

**DID YOUR NAME APPEAR (EITHER ALONE, WITH YOUR DECEASED SPOUSE, OR WITH ANY OTHER PERSON) ON ANY INDIVIDUAL OR JOINT: CHECKING, SAVINGS, CREDIT UNION, CHRISTMAS CLUB, INDIVIDUAL RETIREMENT ACCOUNT(IRA) KEOGH PLAN, INDIVIDUAL INDIAN MONEYS (IIM), MONEY MARKET FUNDS, OR CERTIFICATE OF DEPOSIT? YES ☐ NO ☐**

NAME/ ADDRESS OF BANK	ACCOUNT#	OWNERS	BALANCE
			\$
			\$
			\$
			\$

**DID YOUR NAME OR YOUR DECEASED SPOUSE’S NAME APPEAR ON ANY LIFE INSURANCE POLICIES, TRUSTS FUNDS, ACCOUNTS SET UP FOR BURIAL EXPENSES, STOCKS, BONDS, US GOV’T BONDS, MORTGAGE NOTES, CONTRACT FOR DEED, SAFETY DEPOSIT BOXES, LIVE ESTATES, OR OTHER ITEMS OF VALUE? YES ☐ NO ☐**

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME
TYPE OF RESOURCE		CASH VALUE	FACE VALUE

  

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME
TYPE OF RESOURCE		CASH VALUE	FACE VALUE

**DID YOU OR YOUR DECEASED SPOUSE OWN OR JOINTLY OWN FARM EQUIPMENT, LIVE STOCK, OR ANY OTHER ITEMS OF VALUE? ( TRACTOR, HORSES, ANTIQUES, GUNS, HOBBIES, FURS, JEWELRY, PAINTINGS, VALUABLE COLLECTIONS)**  
**YES** ☐ **NO** ☐

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
TYPE OF ITEM				VALUE

FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	AMOUNT OWED
				\$ _____
TYPE OF ITEM				VALUE

**DID YOUR NAME OR THE NAME OF YOUR DECEASED SPOUSE APPEAR ON THE TITLE OF A CAR, TRUCK, MOTORCYCLE, BOAT, RECREATIONAL VEHICLE (CAMPER, SNOWMOBILE), OR ANY OTHER VEHICLE?** YES ☐ NO ☐

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE		AMOUNT OWED \$ _____		VALUE

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE		AMOUNT OWED \$ _____		VALUE

OWNER FIRST NAME	LAST NAME	CO-OWNER FIRST NAME	LAST NAME	
				\$ _____
YEAR, TYPE, MAKE & MODEL OF VEHICLE		AMOUNT OWED \$ _____		VALUE

**PLEASE ATTACH ALL COPIES OF VERIFICATION AND SIGN FORM BEFORE MAILING**