SD EForm - 1334 V1

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HELP

SOUTH DAKOTA DIVISION OF MOTOR VEHICLES

AFFIDAVIT OF VEHICLE OWNERSHIP BY SUCCESSION

AFFIANT NAME(S)_____ ADDRESS _____

_____ ADDRESS _____

VEHICLE/BOAT DATA YEAR_____ MAKE_____ SERIAL # _____

LICENSE # _____ TITLE # _____

I hereby affirm that _____ (decedent) died on _____(date); that at least 30 days have elapsed since that death; that the value of the entire estate wherever located, less liens and encumbrances, does not exceed $50,000; that no application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction; that the decedent has not incurred any indebtedness to the Department of Social Services for medical assistance for nursing home or other medical institutional care; that a copy of the affidavit is being furnished to the Special Taxes Division of the Department of Revenue and any inheritance tax due will be paid; and that the claiming successor is entitled to payment or delivery of the property.

All successors who might have a claim on the estate are listed below:

_____ Successor	_____ Successor	_____ Successor
_____ Successor	_____ Successor	_____ Successor

that all successors listed above (parent or legal guardian, if successor is a minor) agree and have indicated to me that ownership of the vehicle/boat should rest in _____ (successor) of _____(address); that all inheritance tax due South Dakota will be paid; and that I understand that an inheritance tax lien may be noted on this vehicle's/boat's title if such taxes are not paid.

I hereby request that the Department of Revenue issue Title covering this vehicle/boat in the name indicated and that I agree to protect and indemnify the South Dakota Department of Revenue, Division of Motor Vehicles, against any and all liabilities and claims which may arise as a result of this title issuance.

Please check applicable box:
Certificate of title ☐ is ☐ is not available

Signature of Affiant(s) _____

_____
Notary Public or County Treasurer

STATE OF SOUTH DAKOTA
COUNTY OF _____ SS.
Subscribed and Sworn to before me this _____
day of _____ ,20_____

_____
Date Commission Expires

DOR-MV215(03-02)

1. PRINT FOR MAILING

CLEAR FORM