

Lake County Burial Application

DATE _____

County of Lake, State of South Dakota

(1) I, _____, being first duly sworn on my oath, depose and say: I am legal next of kin, guardian or only known relative of _____, a deceased resident of Lake County and I am requesting burial assistance from Lake County of South Dakota. A request for this assistance is a mutual agreement of all survivors.

(2) That I am legal next of kin, legal guardian or only known relative of _____, a deceased person, and am otherwise able to act in that capacity. Please state relationship to deceased: _____.

(3) My present address is: _____

(4) My current phone number is: _____

(5) Their residence at the time of death was: _____

If last residence was that of a Nursing Home, Assisted Living or other long term care facility, please state the last independent residence.

(6) That I am all parties that would be responsible under SDCL are unwilling or unable to defray the cost of burial for: _____

(7) That the following amount accurately represent the assets and debts of the deceased:

Cash on Hand in Banks and Trusts \$ _____

Real Estate \$ _____

Investments (Bonds, Stocks, Etc.) \$ _____

Accounts & Notes Receivable \$ _____

Name of Banks with Accounts for Deceased:

Automobiles (Type & Year) _____

Household Goods (list value of furniture, T.V., appliances, etc.)

Other Personal Property (lawn mowers, motorcycles, rec. vehicles, etc.)

Any Other Assets _____

Total Assets \$ _____

Debts Due - Banks or Other Institutions

House Loans \$ _____

Auto Loans \$ _____

Other Loans \$ _____

Debts for Medical Bills \$ _____

Debts for Credit Cards or Charge Cards \$ _____

Debts to Finance Companies \$ _____

Other Debts \$ _____

Total Debts \$ _____

Monthly Income

List monthly gross income received by the deceased.

Wages and Salary or Pension \$ _____

Child Support or Alimony \$ _____

Social Security or SSI Payments \$ _____

Military Disability or VA Benefits \$ _____

Worker's Compensation \$ _____

Unemployment Benefits \$ _____

Other Income (rental, interest income, etc.) ... \$ _____

Total Income \$ _____

(8) List all anticipated or contingent receivables, such as land sales, expected gifts, inheritance, refunds or deposit for rent, or expected future payments of any kind:

(9) List all life insurance policies, companies, benefits, beneficiaries, or any other death benefit that the deceased might be entitled to receive and the amounts:

(10) Does the deceased have a burial trust or is there a gravesite provided for the deceased person? If so, please list location of burial trust and gravesite:

(11) Does the will exist stating the intentions of the deceased person?

(12) Please indicate date of death: _____

(13) Please indicate date of funeral: _____

(14) Please list choice of Funeral Home: _____

(15) Please list place of interment (burial): _____

I, undersigned legal next of kin of _____ a deceased person, having applied for County Burial Assistance from Lake County, South Dakota, hereby agree to financial assistance investigation by the Lake County authorities, and I authorize all financial institutions with which _____, had a present or past business relationship, including safety deposit boxes, or business dealings and history of accounts, to disclose all facts and records to Lake County, South Dakota, its duly authorized agent.

I further state that I have been informed of the lien provisions of **SDCL Chapter 28-14**, including the fact that the County shall have a lien on all property, both real and personal properties of the deceased. I understand that all monies, properties, and assets will become the property of Lake County, South Dakota.

SDCL 25-7-27 Adult child's duty to support parent when necessary - Notice Required - Every adult child, having the financial ability to do so shall provide necessary food, clothing, shelter, or medical attendance for a parent who is unable to provide for him/herself; provided that no claim shall be made against adult child until notice has been given such adult child that his/her parent is unable to provide for him/herself, and such adult child shall have refused to provide for their parent.

This application shall serve as notice to all adult children that a necessity has been requested and that they are financially unable to provide this assistance.

Please list all surviving members of the immediate family of the deceased. State full name, city and state where residing, and relationship. (Example: John Smith, Madison, SD, Son)

Name	Address	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****STOP****

The signature(s) below requires a Notary Public.

Your signature must be witnessed by a Notary. All adults in household must have a notarized signature on this application. Notaries are available in the Lake County Courthouse, banks, law offices, etc.

I further state that this application is complete and true and accurate in all respects and that I recognize and understand that any false statements as to financial status or other required information in this application knowingly made might be a crime in violation of SDCL 28-13-16.2.

Dated this _____ day of _____, 20_____.

Name of Deceased: _____

Social Security Number of Deceased: _____

Date of Birth of Deceased: _____

Signature of Person Applying for Assistance: _____

Print Name of Person Applying for Assistance: _____

NOTARY

Subscribed and Sworn to Before Me on this Date: _____ 20_____

Notary Public South Dakota

(S E A L)

My Commission Expires: _____