

FUNERAL LIEN

Application



Deceased Name: _____
Applicants Name: _____
Date of Request: _____

DECEASED INFORMATION

First Name: _____ Last Name: _____
Birth Date: _____ Born Gender Male Female
Did the deceased have a life insurance policy: _____ Social Security Number: _____
Address: _____
How long has deceased lived in Beadle County? _____
Marital Status: Married Single Divorced Widowed Other: _____
Was the deceased a citizen of the USA: _____
Place of Employment: _____

APPLICANT/SPOUSE INFORMATION

Full Name: _____
Social Security Number: _____ Birth Date: _____
Address: _____
Cell Phone: _____ Email Address: _____
Place of Employment: _____ How many hours per week: _____

LIST ALL HOUSEHOLD MEMBERS YOU ARE RESPONSIBLE FOR:

Full Name: _____ Birth Date: _____
Full Name: _____ Birth Date: _____
Full Name: _____ Birth Date: _____
Full Name: _____ Birth Date: _____
Relationship to Deceased: Child Spouse Other explain: _____

FUNERAL REQUEST AND INFORMATION OF SUPPORT

Name of Funeral Home: _____ Date of Death: _____

Can your relative/s provide you with financial assistance? _____ explain: _____

Are you requesting: Traditional Cremation, if so, will you be keeping the ashes? _____

Explain why you need financial support? _____

FUNERAL LIEN

Application



Deceased Name: _____

APPLICANT/SPOUSE FINANCIAL RESOURCES

Do you/spouse receive other sources of income: _____ if so, explain: \$ _____

Have you/spouse received IRS tax return ? _____ how much \$ _____ if no, explain:

Are you currently receiving any loans, grants or stipends for living expenses? _____
how much \$ _____ if yes, explain: _____

Do you have any of the following: (check if yes)

- Retirement Plan _____
- IRA's _____
- Stocks _____
- Investments _____
- CD's _____

Please provide the most recent copy of the statement/s

Do you have any of the following: (check if yes)

- Saving Account \$ _____
- Checking Account \$ _____
- Disability Income \$ _____
- Other money holding institutions? _____

Provide last 90 days of your bank statement/s

APPLICANT/SPOUSE EQUITY

Do you have any of the following: (check if yes)

- Real Estate: Own _____ or Payoff Amount \$ _____ Value of Property \$ _____
- Business Property: Own _____ or Payoff Amount \$ _____ Value of Business \$ _____
- Recreational Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

FUNERAL LIEN

Application



Deceased Name: _____

DECEASED FINANCIAL RESOURCES

Did the deceased receive other sources of income: _____ if so, explain: \$ _____

Has the deceased received IRS tax return ? _____ how much \$ _____ if no, explain:

Was the deceased receiving any loans, grants or stipends for living expenses? _____
how much \$ _____ if yes, explain: _____

Does the deceased have any of the following: (check if yes)

Retirement Plan _____

IRA's _____

Stocks _____

Investments _____

CD's _____

Please provide the most recent copy of the statement/s

Does the deceased have any of the following: (check if yes)

Saving Account \$ _____

Checking Account \$ _____

Disability Income \$ _____

Other money holding institutions? _____

Provide last 90 days of deceased bank statement/s

DECEASED EQUITY

Does the deceased have any of the following: (check if yes)

Real Estate: Own _____ or Payoff Amount \$ _____ Value of Property \$ _____

Business Property: Own _____ or Payoff Amount \$ _____ Value of Business \$ _____

Recreational Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

Vehicles: (list all) Own _____ or Payoff Amount \$ _____ Value \$ _____

FUNERAL LIEN

Application



Deceased Name: _____

APPLICANT/SPOUSE LEGAL CLAIM

Have you/spouse ever been in a lawsuit? ____ if yes, explain: _____

What was the settlement amount or anticipated amount? \$ _____

Have you/spouse been or will be the beneficiary of an inheritance? _____ if yes, explain: _____

Are you on a joint banking account with another individual? _____ if yes, explain: _____

Have you/spouse sold or transferred any property in the last 36 months _____

DECEASED LEGAL CLAIM

Has the deceased ever been in a lawsuit? ____ if yes, explain: _____

What was the settlement amount or anticipated amount? \$ _____

Has the deceased received an inheritance greater than \$2,500.00 in value? _____ if yes, explain: _____

Is the deceased on a joint banking account with another individual? _____ if yes, explain: _____

Has the deceased sold or transferred any property in the last 36 months _____ if yes, explain: _____

I, understand that, in accordance with SDCL 28-14-7, a lien will be filed against the deceased and any real estate property that is owned or have any legal interest in, for any assistance given to the deceased by Beadle County. I further understand that I have been requested to make repayments to Beadle County for assistance given. I plan to start my first payment on, _____ (date) in the amount of \$ _____ ,every _____ (week/s or month). Should there be no action made on repaying this lien, the spouse will be subject to collection.

Spouse or Applicant signature : _____

Date: _____

I, the undersigned applicant or representative. understand that the making of false statements as to financial status or other required information in the above application with knowledge of such falsity, may be a crime in violation of SDCL 28-13-16.2.

Spouse or Applicant signature: _____

Date: _____

Additional information:

