



**NOTIFICATION TO SDRSP OF DEATH OF A MEMBER**

**Name of deceased member** \_\_\_\_\_

**Previous address** \_\_\_\_\_

\_\_\_\_\_

**Date of death** \_\_\_\_\_ **Local Unit** \_\_\_\_\_

**Circle whether STATE LIFETIME or STATE ANNUAL member**

**Person submitting this report** \_\_\_\_\_

**Notify:**

**Cathy Zubke**

**417 N Broadway**

**Watertown, SD 57201**

**You may call with info' to 605-520-0745 or email Cathy - [calz45@hotmail.com](mailto:calz45@hotmail.com)**