Prepared By:		
Name:Address:		
After Recording Return T Name: Address:		
		Space above this line for recorder's use only
AR	RIZONA BENEFICIA	
(we)convey tofollowing described real p	(owner) a (grantee benefici roperty:	, hereby iary) effective on my (our) death the
[WR	TE LEGAL DESCRIPTION HERE OR	R ATTACH EXHIBIT AJ
f a grantee beneficiary pr shall either (choose one):		veyance to that grantee beneficiary
] Become null and void.		
Become part of the es	tate of the grantee beneficiary.	
Exempt from Affidavit of F	Real Property Value by A.R.S. 1	11-1134(B)(12).

eSign

SIGNATURES.	
Owner Signature:	Date:
Printed Name:	
Owner Signature:	Date:
Printed Name:	
ACKNOWLEDGMENT.	
STATE OF	
COUNTY OF	
I, the undersigned, a Notary Public in and for sa whose na	id County, in said State, hereby certify that mes are signed to the foregoing instrument, and
who is known to me, acknowledged before me of	
of the instrument, they executed the same volun	tarily on the day the same bears date.
Given under my hand this (n	nm/dd/yyyy)
	Notary Public

My Commission Expires:

eSign Page 2 of 2