|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]**After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP]  |  |

*Space above this line for recorder’s use only*

**COLORADO BENEFICIARY DEED**

**(§§ 15-15-401 et seq., Colorado Revised Statutes)**

**CAUTION: THIS DEED MUST BE RECORDED PRIOR TO THE**

**DEATH OF THE GRANTOR IN ORDER TO BE EFFECTIVE.**

[GRANTOR NAME], as grantor, designates [GRANTEE-BENEFICIARY NAME] as grantee-beneficiary whose address is [GRANTOR ADDRESS] (Note to Assessor and Treasurer: This address is for identification purposes only, all notices and tax statements should continue to be sent to grantor.).

Or, if grantee-beneficiary fails to survive grantor, grantor designates [SUCCESSOR GRANTEE-BENEFICIARY NAME], as successor grantee-beneficiary whose address is [SUCCESSOR GRANTEE-BENEFICIARY ADDRESS].

Grantor transfers, sells, and conveys on grantor's death to the grantee-beneficiary, the following described real property located in the County of [COUNTY NAME], State of Colorado:

[ENTER PROPERTY LEGAL DESCRIPTION HERE (OR ATTACH AND INSERT)].

Known and numbered as: [TAX PARCEL ID NUMBER]

THIS BENEFICIARY DEED IS REVOCABLE. IT DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE GRANTOR. IT REVOKES ALL PRIOR BENEFICIARY DEEDS BY THIS GRANTOR FOR THIS REAL PROPERTY EVEN IF THIS BENEFICIARY DEED FAILS TO CONVEY ALL OF THE GRANTOR'S INTEREST IN THIS REAL PROPERTY. WARNING: EXECUTION OF THIS BENEFICIARY DEED MAY DISQUALIFY THE GRANTOR FROM BEING DETERMINED ELIGIBLE FOR, OR FROM RECEIVING, MEDICAID UNDER TITLE 25.5, COLORADO REVISED STATUTES.

WARNING: EXECUTION OF THIS BENEFICIARY DEED MAY NOT AVOID PROBATE.

Executed this [MM/DD/YYYY]. (Date)

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

**Grantor’s Signature**

[GRANTOR NAME]

Grantor’s Name

**TRANSFER ON DEATH**. At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the right to revoke this deed.

**ACKNOWLEDGMENT**.

STATE OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

I, the undersigned, a \_\_\_\_\_\_\_\_\_\_\_\_\_\_in and for said County, in said State, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, whose name is signed to the foregoing instrument, and who is known to me, acknowledged before me on this day that, being informed of the contents of the instrument, they executed the same voluntarily on the day the same bears date.

Given under my hand this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mm/dd/yyyy)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Officer**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_