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

 **After Recordation return by (**[ ] **) Mail (**[ ] **) Pick up to Prepared by:**

 Name: [RECIPIENT NAME] Name: [PREPARER NAME]

 Address: [RECIPIENT STREET ADDRESS] Address: [PREPARER STREET ADDRESS]

 [RECIPIENT CITY, STATE, ZIP] [PREPARER CITY, STATE, ZIP]

 **Tax Map Key Number**:[TAX MAP KEY NUMBER]

Prior Recorded Instrument Reference No.: [PRIOR RECORDED INSTRUMENT REFERENCE NO.]

**HAWAII TRANSFER ON DEATH DEED**

**OWNER INFORMATION**.

Owner Full Name: [OWNER NAME] Marital Status: [OWNER MARITAL STATUS]

Spouse Name: [OWNER SPOUSE NAME]

Address: [OWNER ADDRESS]

Owner Full Name: [OWNER NAME] Marital Status: [OWNER MARITAL STATUS]

Spouse Name: [OWNER SPOUSE NAME]

Address: [OWNER ADDRESS]

**BENEFICIARY**. I designate the following beneficiary if the beneficiary survives me.

Full Name: [BENEFICIARY NAME] Marital Status: [MARITAL STATUS]

Spouse Name: [BENEFICIARY SPOUSE NAME]

Address: [BENEFICIARY ADDRESS]

**ALTERNATE BENEFICIARY** (OPTIONAL). If my primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me.

Full Name: [ALTERNATE BENEFICIARY NAME] Marital Status: [MARITAL STATUS]

Spouse Name: [ALTERNATE BENEFICIARY SPOUSE NAME]

Address: [ALTERNATE BENEFICIARY ADDRESS]

Legal Description of Property:

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

**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.

**SIGNATURES**.

Owner Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [OWNER NAME]

Owner Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [OWNER NAME]

**ACKNOWLEDGMENT**.

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

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

I, the undersigned, a Notary Public in and for said County, in said State, hereby certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ whose names are 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)

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

**Notary Public**

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