

Mail Tax Bills To:

Name: _____

Address: _____

Return To:

Name: _____

Address: _____

TRANSFER ON DEATH DEED

This Indenture Witnesseth that _____ a _____ of _____ County, Indiana, as a gift and for no consideration, conveys and warrants to _____, a _____ of _____ County, Indiana, Transfer on Death to _____ any interest they own in the following described real estate in _____ County, Indiana:

Parcel Number: _____

Common Address: _____

If _____ does not survive _____, then (his/her/their) share of this Transfer on Death transfer shall:

- (a) __ lapse.
- (b) __ be distributed to the _____'s lineal descendants, per stirpes.
- (c) __ be distributed to _____.

In Witness Whereof, _____ has executed this instrument this _____ day of _____, 20____.

eSign

Owner Signature

Owner Signature

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STATE OF INDIANA
COUNTY OF _____

Before me, the undersigned, a Notary Public in and for said County and State, this _____ day of _____, 20____, personally appeared _____, and acknowledged their execution of the foregoing Transfer on Death Deed as their voluntary act and deed.

WITNESS MY HAND AND SEAL.

My commission expires: _____

Notary Public
Resident of _____ County, Indiana

I affirm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Preparer Signature

Prepared by