(Top 3 inches reserved for recording data)

REVOCATION OF TRANSFER ON DEATH DEED
Minn. Stat. 507.071

Minnesota Uniform Conveyancing Blanks
Form 10.8.10 (2016)

DATE: _____
(month/day/year)

NO DEED TAX DUE

Revocation of Transfer on Death Deed

The undersigned, _____,
(insert name(s) of Grantor Owner(s) on Transfer on Death Deed)

hereby revoke(s) the Transfer on Death Deed recorded on _____, as
(month/day/year)

Document Number _____(or in Book _____ of _____,

Page _____), in the Office of the ☐ County Recorder ☐ Registrar of Titles of
(check the applicable box(es))

_____ County, Minnesota, affecting real property legally described as follows:
(insert legal description)

Check here if all or part of the described real property is Registered (Torrens) ☐

together with all hereditaments and appurtenances belonging thereto.

NOTE: Pursuant to Minn. Stat. 507.071, to be effective this revocation must be recorded in a county in which a part of the real property is located before the death of the parties who execute this revocation.

Grantor Owner(s)

_____

(signature)

_____

(signature)

State of Minnesota, County of _____

This instrument was acknowledged before me on _____, by
(month/day/year)

_____
(insert name of Grantor Owner(s))

_____.

(Stamp)

_____
(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)