|  |  |
| --- | --- |
| **Prepared By:**  Name: [PREPARER NAME]  Address: [PREPARER STREET ADDRESS]  [PREPARER CITY, STATE, ZIP] | *Space above this line for recorder’s use only*  **After Recording Return To:**  Name: [RECIPIENT NAME]  Address: [RECIPIENT STREET ADDRESS]  [RECIPIENT CITY, STATE, ZIP] |

Reference Book/Page: [REFERENCE BOOK, PAGE, AND DOCUMENT NUMBER]

Date of Document: [MM/DD/YYYY]

**MISSOURI BENEFICIARY DEED**

**OWNER INFORMATION**.

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

Address: [OWNER ADDRESS]

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

Address: [OWNER ADDRESS]

Legal Description of Property:

[ENTER PROPERTY'S LEGAL DESCRIPTION HERE]

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

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

Address: [GRANTEE ADDRESS]

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

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

Address: [ALTERNATE GRANTEE ADDRESS]

**TRANSFER ON DEATH**. At my death, I transfer my interest in the described property to the grantee 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]

**GRANTEE BENEFICIARY OR BENEFICIARIES**. Only required in the City of St. Louis.

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

Printed Name: [GRANTEE NAME] Address: [GRANTEE ADDRESS]

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

Printed Name: [GRANTEE NAME] Address: [GRANTEE ADDRESS]

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_