|  |  |
| --- | --- |
| **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*

**NEW HAMPSHIRE TRANSFER ON DEATH DEED**

STATE OF NEW HAMPSHIRE

[COUNTY] COUNTY

THIS REVOCABLE TRANSFER ON DEATH DEED, dated [MM/DD/YYYY], is made by [GRANTOR NAME(S)] (name of owner(s) making this deed) of [GRANTEE(S) MAILING ADDRESS] (mailing address of owner(s)).

This Revocable Transfer of Death Deed is made pursuant to the Uniform Real Property Transfer on Death Act, New Hampshire RSA 563-D. In accordance with the provisions of N.H. RSA 563-D, at my death, I transfer and convey my interest in the below described property to my designated beneficiary/beneficiaries as follows:

**PRIMARY BENEFICIARY**
I designate [PRIMARY BENEFICIARY NAME(S)] (name of beneficiary) of [PRIMARY BENEFICIARY ADDRESS] (mailing address of beneficiary) as the designated beneficiary if he/she survives me.

**SECONDARY BENEFICIARY** (optional)
I designate [SECONDARY BENEFICIARY NAME(S)] (name of secondary beneficiary) of [SECONDARY BENEFICIARY ADDRESS] (mailing address of secondary beneficiary) as the designated beneficiary if my primary beneficiary does not survive me.

**PROPERTY**
The real property that shall be transferred at my death pursuant to this Revocable Transfer on Death Deed is located in the Town (City) of [TOWN/CITY NAME], County of [COUNTY NAME], State of New Hampshire, and is more particularly bound and described as follows:

[ENTER PROPERTY LEGAL DESCRIPTION & LIST ANY ENCUMBRANCES, EXCEPTIONS, RESERVATIONS, OR TRANSFER TAX EXEMPTIONS (OR ATTACH AND INSERT)] .

Before my death, I have the right to revoke this deed.

This deed is exempt from real estate transfer tax as a revocable transfer on death deed for no consideration pursuant to RSA 78-B:2, XXV.

IN WITNESS WHEREOF, Grantor(s) has executed and delivered this Revocable Transfer on Death Deed under seal as of the day and year first above written.

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

**Grantor’s Signature Grantor’s Signature**

[GRANTOR NAME] [GRANTOR NAME]

Grantor’s Name Grantor’s Name

[GRANTOR STREET ADDRESS] [GRANTOR STREET ADDRESS]

Street Address Street Address

[GRANTOR CITY, STATE, ZIP [GRANTOR CITY, STATE, ZIP

City, State & ZIP City, State & ZIP

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 Signature**

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