Prepared By:	
Name:	
Address:	
After Recording Return To:	
Name:Address:	
	Space above this line for recorder's use onl
STATE OF NEW HAMPSHIRECOUNTY	
THIS REVOCABLE TRANSFER ON DEATH DEE	ED, dated, is made by (name of owner(s) making this deed) of
(mailing address of owner(s)).	
	oursuant to the Uniform Real Property Transfer on dance with the provisions of N.H. RSA 563-D, at my ow described property to my designated
PRIMARY BENEFICIARY I designate	(name of beneficiary) of
(mailing address of beneficiary) as the designated	d beneficiary if he/she survives me.
SECONDARY BENEFICIARY (optional)	

(mailing address of secondary beneficiary) as the designated beneficiary if my primary beneficiary does



I designate _

beneficiary) of ___

not survive me.

(name of secondary

PROPERTY	
	at my death pursuant to this Revocable Transfer on Death
Deed is located in the Town (City) of	, County of, State
of New Hampshire, and is more particularl	y bound and described as follows:
[WRITE LEGAL DESC	RIPTION HERE OR ATTACH AND INSERT]
Before my death, I have the right to revoke	e this deed.
•	fer tax as a revocable transfer on death deed for no
consideration pursuant to RSA 78-B:2, XX	V.
IN WITNESS WHEREOF, Grantor(s) has	executed and delivered this Revocable Transfer on Death Deed
under seal as of the day and year first abo	ve written.
Grantor's Signature	Grantor's Signature
Grantor's Name	Grantor's Name
Street Address	Street Address
City, State & ZIP	City, State & ZIP
STATE OF	
COUNTY OF	
	for said County, in said State, hereby certify that
who	ose names are signed to the foregoing instrument, and who is a this day that, being informed of the contents of the instrument,
they executed the same voluntarily on the	
•	·
Given under my hand this	(mm/dd/yyyy).
	Notary Public Signature

My Commission Expires:

