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

**NORTH DAKOTA TRANSFER ON DEATH DEED**

**OWNER INFORMATION**.

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

Mailing Address: [OWNER MAILING ADDRESS]

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

Mailing Address: [OWNER MAILING ADDRESS]

Legal Description of Property:

[ENTER PROPERTY'S LEGAL DESCRIPTION HERE]

The legal description was prepared by [LEGAL DESCRIPTION PREPARER NAME] of

[LEGAL DESCRIPTION PREPARER FULL ADDRESS] or obtained from a previously recorded instrument. *(This information is only required if the legal property description is provided in metes and bounds.)*

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

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

Mailing Address: [BENEFICIARY MAILING ADDRESS]

Street Address: [BENEFICIARY STREET ADDRESS]

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

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

Mailing Address: [ALTERNATE BENEFICIARY MAILING ADDRESS]

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

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