Prepared By:

Name:	
Telephone Number: _	
Address:	

After Recording Return To:

Name: ______ Address: ______

Space above this line for recorder's use only

SOUTH DAKOTA REVOCATION OF TRANSFER ON DEATH DEED

Identifying Information

Owner(s) of Property Who Join in This Revocation:

Address: _____

The undersigned, as the owner on the transfer on death deed recorded on (date) _____ in Book _____, Page ____ in the office of the register of deeds of _____ County, South Dakota, affecting real property legally described as follows:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

hereby revokes the previous transfer.



Owner Signature:	Date:
Printed Name:	
Owner Signature:	Date:
Printed Name:	
STATE OF	
COUNTY OF	
	c 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, acknowledge	ed before me on this day that, being informed of the contents ne same voluntarily on the day the same bears date.

Given under my hand this _____ (mm/dd/yyyy)

Notary Public

My Commission Expires: _____