

Prepared By:

Name: _____

Address: _____

Beneficiary(ies) Mailing Address:

After Recording Return To:

Name: _____

Address: _____

Space above this line for recorder's use only

SOUTH DAKOTA REVOCABLE TRANSFER ON DEATH DEED

NOTICE TO OWNER: This deed will transfer ownership of the property described below when you die. You should carefully read all of the information on this form. You should consult a lawyer before using this form.

This form must be recorded with the register of deeds before your death or it will not be effective. Any change to this deed must also be recorded to be effective.

IDENTIFYING INFORMATION:

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

Owner Full Name: _____ Marital Status: _____

Address: _____

Owner Full Name: _____ Marital Status: _____

Address: _____

Legal Description of Property:

[WRITE LEGAL DESCRIPTION HERE OR ATTACH EXHIBIT A]

BENEFICIARY OR BENEFICIARIES

I revoke all my prior transfer on death deeds concerning the property, and name the following beneficiary(ies) to receive the property (in equal shares, and as tenants in common, and not as joint tenants with rights of survivorship, unless I say otherwise):

NAME AND ADDRESS OF BENEFICIARY(IES).

Full Name: _____

Address: _____

This transfer is ___ / is not ___ subject to the requirement that the named beneficiary survive me by one hundred twenty hours.

NAME AND ADDRESS OF CONTINGENT BENEFICIARY(IES). If no primary beneficiary survives me, I name the following contingent beneficiary(ies) to receive the property (in equal shares, and as tenants in common, and not as joint tenants with rights of survivorship, unless I say otherwise):

Full Name: _____

Address: _____

TRANSFER ON DEATH. *I hereby convey and transfer upon my death all my interests (whether now owned or hereafter acquired) in the described property to the above listed beneficiary(ies).*

Before my death, I may revoke this deed, or any part of this deed.

Exempt from Transfer Fee: § 43-4-22(18)

SIGNATURE(S) OF OWNER(S) WHO JOIN IN THIS DEED.

Owner Signature: _____ Date: _____

Printed Name: _____

Owner Signature: _____ Date: _____

Printed Name: _____

WITNESS.

Witness Signature: _____ Date: _____

Printed Name: _____

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: _____