Prepared By:	
Name:	
Address:	
After Recording Return To:	
Name:	
Address:	
TEXAS TRA	Space above this line for recorder's use only ANSFER ON DEATH DEED
MAY REMOVE OR STRIKE AN ANY INSTRUMENT THAT TRA	Y RIGHTS: IF YOU ARE A NATURAL PERSON, YOU IY OR ALL OF THE FOLLOWING INFORMATION FROM INSFERS AN INTEREST IN REAL PROPERTY BEFORE THE PUBLIC RECORDS: YOUR SOCIAL SECURITY S LICENSE NUMBER.
OWNER INFORMATION.	
Owner Full Name: Address:	Marital Status:
	Marital Status:
Legal Description of Property:	
[WRITE LEGAL I	DESCRIPTION HERE OR ATTACH EXHIBIT AJ
BENEFICIARY. I designate the follo	owing beneficiary if the beneficiary survives me.
Full Name:	Marital Status:
Address:	
•	FIONAL). If my primary beneficiary does not survive me, I eneficiary if that beneficiary survives me.
Full Name:	Marital Status:
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: Date: Printed Name: Owner Signature: ______ Date: _____ Printed Name: _____ WITNESSES. Witness Signature: _____ Date: _____ Printed Name: Address: _____ 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: _____