|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS]**After Recording Return To:**Name: [RETURN NAME]Address: [RETURN ADDRESS] |  |

*Space above this line for recorder’s use only*

**TRANSFER ON DEATH DEED**

1. **OWNER INFORMATION**.

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

Address: [OWNER ADDRESS]

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

Address: [OWNER ADDRESS]

Legal Description of Property:

[ENTER PROPERTY'S LEGAL DESCRIPTION HERE]

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

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

Address: [BENEFICIARY ADDRESS]

1. **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]

Address: [ALTERNATE BENEFICIARY ADDRESS]

1. **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.
2. **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]

1. **WITNESSES** (IF REQUIRED).

Witness Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [WITNESS NAME]

Address: [WITNESS ADDRESS]

Witness Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [WITNESS NAME]

Address: [WITNESS ADDRESS]

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_