

Prepared By:

Name: _____

Address: _____

After Recording Return To:

Name: _____

Address: _____

Space above this line for recorder's use only

TRANSFER ON DEATH DEED

1. OWNER INFORMATION.

Owner Full Name: _____ Marital Status: _____

Address: _____

Owner Full Name: _____ Marital Status: _____

Address: _____

Legal Description of Property:

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

Full Name: _____ Marital Status: _____

Address: _____

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

Full Name: _____ Marital Status: _____

Address: _____

4. 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.

5. SIGNATURES.

Owner Signature: _____ Date: _____
Printed Name: _____

Owner Signature: _____ Date: _____
Printed Name: _____

6. WITNESSES (IF REQUIRED).

Witness Signature: _____ Date: _____
Printed Name: _____
Address: _____

Witness Signature: _____ Date: _____
Printed Name: _____
Address: _____

7. 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: _____