|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]**After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP]  |  |

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

THIS REVOCATION MUST BE RECORDED BEFORE YOU DIE OR IT WILL NOT BE EFFECTIVE. THIS REVOCATION IS EFFECTIVE ONLY AS TO THE INTERESTS IN THE PROPERTY OF OWNERS WHO SIGN THIS REVOCATION.

THIS DEED IS EXEMPT FROM RECORDATION TAXES UNDER § 58.1-811(J) OF THE CODE OF VIRGINIA OF 1950, AS AMENDED.

**VIRGINIA REVOCATION OF TRANSFER ON DEATH DEED**

THIS REVOCATION OF TRANSFER ON DEATH DEED, dated as of the [DAY] day of [MONTH], is made by [TRANSFEROR NAME(S)] (the Grantor(s)), whose address is [OWNER ADDRESS].

This Revocation of Transfer on Death Deed is made pursuant to the provisions of the Uniform Real Property Transfer on Death Act, Virginia Code, § 64.2-621 et seq.

In accordance with the provisions of the Uniform Real Property Transfer on Death Act, I revoke all my previous transfers of the below described property by transfer on death deed:

[ENTER PROPERTY LEGAL DESCRIPTION HERE (OR ATTACH AND INSERT)].

Witness the following signatures and seals:

**SIGNATURES**.

Transferor Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

Printed Name: [TRANSFEROR NAME]

Transferor Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

Printed Name: [TRANSFEROR NAME]

**WITNESSES**.

Witness Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

Printed Name: [WITNESS NAME]

Address: [WITNESS ADDRESS]

Witness Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/)

Printed Name: [WITNESS NAME]

Address: [WITNESS ADDRESS]

**ACKNOWLEDGMENT**.

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to wit:

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_, before me, the undersigned Notary Public in and for the Commonwealth of Virginia, at large, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the foregoing instrument and acknowledged that they executed the foregoing instrument for the purposes set forth herein.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_