|  |  |
| --- | --- |
| **Prepared By:**Name: [PREPARER NAME]Capacity: [PREPARER CAPACITY]Address: [PREPARER ADDRESS][PREPARER CITY, STATE, ZIP]**After Recording Return To:**Name: [RECIPIENT NAME]Address: [RECIPIENT STREET ADDRESS][RECIPIENT CITY, STATE, ZIP]Title insurance underwriter: [UNDERWRITER NAME] |  |

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

THIS DEED MUST BE RECORDED BEFORE THE DEATH OF THE OWNER(S), OR IT WILL NOT BE EFFECTIVE.

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

**VIRGINIA REVOCABLE TRANSFER ON DEATH DEED**

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

This Revocable 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, at my death, I transfer and convey my interest in the below described property to my designated beneficiaries as follows:

**PRIMARY BENEFICIARY**. I designate [BENEFICIARY NAME] as the designated beneficiary of the property if my beneficiary survives me.

**ALTERNATE BENEFICIARY** (OPTIONAL). If my primary beneficiary does not survive me, I designate [ALTERNATE BENEFICIARY NAME] as my alternate designated beneficiary if my alternate designated beneficiary survives me.

**PROPERTY**: The legal description of the real property that shall be transferred at my death pursuant to this Revocable Transfer on Death Deed is as follows:

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

**RIGHT TO REVOKE AND METHOD TO REVOKE DEED**:

Under the Uniform Real Property Transfer on Death Act, an instrument is effective to revoke a recorded transfer on death deed, or any part of it, only if the instrument:

1. Is one of the following:
2. A transfer on death deed that revokes the transfer on death deed or part of the transfer on death deed expressly;
3. A transfer on death deed that names a designated beneficiary that is inconsistent with the designated beneficiary in a prior transfer on death deed;
4. c. An instrument of revocation that expressly revokes the transfer on death deed or part of the transfer on death deed; or
5. d. An inter vivos deed that expressly revokes the transfer on death deed or part of the transfer on death deed.
6. Is acknowledged by the transferor after the acknowledgment of the transfer on death deed being revoked and recorded before the transferor's death in the land records of the clerk's office of the circuit court where the deed is recorded.

After this transfer on death deed is recorded, it can be revoked only by an effective revocatory instrument recorded prior to the death of the transferor and may not be revoked by a revocatory act taken against or on the original or a copy of the recorded transfer on death deed.

The execution and recordation of this transfer on death deed does not limit the effect of an inter vivos transfer of the property.

At my death, a beneficiary takes the property subject to all conveyances, encumbrances, assignments, contracts, mortgages, liens, and other interests to which the property is subject at my death.

Witness the following signatures and seals:

**SIGNATURES**.

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

Printed Name: [TRANSFEROR NAME]

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

Printed Name: [TRANSFEROR NAME]

**WITNESSES**.

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]

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_