TRANSFER ON DEATH DEED

*This Indenture Witnesseth* that I,

a resident of

County, Indiana, upon my death and for no consideration, do convey and warrant to the grantee

a resident of

County, Indiana, any and all interest that I own in the following described real estate located in

County, Indiana:

**A complete legal description of the real property being conveyed by this instrument is attached hereto on page 4 as EXHIBIT A.**

Parcel Number:

Common Address:

If does not survive me, then his/her/their share of this Transfer on Death transfer shall:

1.  lapse.

☐

1.  be distributed to ‘s lineal descendants, per stripes.

☐

1.  be distributed to .

☐

In Witness Whereof, this instrument is hereby executed.

Owner Signature Date

Printed Name

# STATE OF INDIANA

COUNTY OF

Before me, the undersigned, a Notary Public in and for said County and State, this day of

, 20 , personally appeared , and acknowledged their execution of the foregoing Transfer on Death Deed as their voluntary act and deed.

# WITNESS MY HAND AND SEAL.

My commission expires: Notary Public Resident of County, Indiana Printed Name

***OR***

EXECUTED AND DELIVERED in my presence:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Witness’s Signature**

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

Name of Witness

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

Street Address

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

City, State, Zip Code

State of Indiana )

) ss.

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Before me, a Notary Public in and for said County and State, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being known to me to be the person whose name is subscribed as a witness to the foregoing Transfer on Death instrument, and who, being duly sworn by me, deposes and says that the foregoing instrument was executed and delivered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the above-named subscribing witness's presence, and that the above-named subscribing witness is not a party to the transaction described in the foregoing instrument and will not receive any interest in or proceeds from the property that is the subject of the transaction.  
  
Witness my hand and Notarial Seal this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                     (SEAL)

Notary Signature  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Notary Printed Name  
  
My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This instrument was prepared by:

(and shall be returned to)

I aﬃrm, under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

Preparer Signature Date

The mailing address to which statements should be mailed under IC 6-1.1-22-8.1 is

The mailing address of the grantee is

EXHIBIT A

Legal Description