

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:

- (a) ☐ lapse.
- (b) ☐ be distributed to _____'s lineal descendants, per stripes.
- (c) ☐ 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: _____
Resident of _____ County, Indiana

Notary Public _____
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_____.

Notary Signature (SEAL)

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