|  |  |
| --- | --- |
| **Prepared by:** |  |
| [FULL NAME] |  |
| [ADDRESS] |  |
| [CITY, STATE, ZIP] |  |
| [PHONE] |  |
| **When recorded, mail to:** |  |
| [FULL NAME] |  |
| [ADDRESS] |  |
| [CITY, STATE, ZIP] | This Space for Recorder’s Use Only. |

**Transfer on Death Deed**

|  |  |  |
| --- | --- | --- |
| I/we, | [FULL NAME OF OWNER 1],[FULL NAME OF OWNER 2] | (owner/owners), |

|  |  |  |
| --- | --- | --- |
| hereby convey to | [FULL NAME OF BENEFICIARY] | (grantee beneficiary), |

|  |
| --- |
| effective on my/our death the following described real property:  |

|  |
| --- |
| [LEGAL DESCRIPTION OF PROPERTY] |

If a grantee beneficiary predeceases the owner, the conveyance to that grantee beneficiary must either (choose one):

[ ]  Become void.

[ ]  Become part of the estate of the grantee beneficiary.

Before my death, I/we have the right to revoke this deed. This deed does not transfer ownership interest until my/our death.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | [DATE] |
| **Printed Name:** | [PRINTED NAME] |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | [DATE] |
| **Printed Name:** | [PRINTED NAME] |  |  |

**NOTARY ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ }

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (seller’s name) who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within the Transfer on Death Deed and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/)

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

(seal)