
space above this line for recorder's use only

This deed was prepared by:

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

After recording, please return to:

Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
Phone: _____

Nebraska Transfer on Death Deed

I, _____ (Owner), being of sound mind and legal capacity, hereby convey, effective upon my death, the following described real property located in Nebraska:

Owner Full Name: _____ **Marital Status:** _____

Address: _____

Prior Names, if any, used by the Owner: _____

I designate the following primary beneficiary as grantee:

Beneficiary: _____ **Marital Status:** _____

Address: _____

If the beneficiary does not survive me, I designate the following alternate beneficiary as grantee:

Beneficiary: _____ **Marital Status:** _____

Address: _____



This transfer on death deed is revocable and does not transfer any ownership interest until the death of the owner.

WARNING: The property transferred remains subject to inheritance taxation in Nebraska to the same extent as if owned by the transferor at death. Failure to timely pay inheritance taxes is subject to interest and penalties as provided by law.

WARNING: The designated beneficiary is personally liable, to the extent of the value of the property transferred, to account for medicaid reimbursement to the extent necessary to discharge any such claim remaining after application of the assets of the transferor's estate. The designated beneficiary may also be personally liable, to the extent of the value of the property transferred, for claims against the estate, statutory allowances to the transferor's surviving spouse and children, and the expenses of administration to the extent needed to pay such amounts by the personal representative.

WARNING: The Department of Health and Human Services may require revocation of this deed by a transferor, a transferor's spouse, or both a transferor and the transferor's spouse in order to qualify or remain qualified for medicaid assistance.

I, _____, the transferor, sign my name to this instrument on the date of _____, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this transfer on death deed to transfer my interest in the described real property and that I sign it willingly or willingly direct another to sign for me, that I execute it as my free and voluntary act for the purposes therein expressed, that I am eighteen years of age or older or am not at this time a minor, and that I am of sound mind and under no constraint or undue influence.

Transferor Signature: _____

We, _____ and _____, the witnesses, sign our names to this instrument, being first duly sworn, and do hereby declare to the undersigned authority that the transferor signs and executes this transfer on death deed to transfer his or her interest in the described real property and that he or she signs it willingly or willingly directs another to sign for him or her, and that he or she executes it as his or her free and voluntary act for the purposes therein expressed, and that each of us, in the presence and hearing of the transferor, hereby signs this deed as witness to the transferor's signing, and that to the best of his or her knowledge the transferor is eighteen years of age or older or is not at this time a minor and the transferor is of sound mind and under no constraint or undue influence.

First Witness Signature _____

Second Witness Signature _____



NOTARY ACKNOWLEDGMENT

THE STATE OF NEBRASKA

COUNTY OF _____

Subscribed, sworn to, and acknowledged before me by _____, the transferor,
and subscribed and sworn to before me by _____ and
_____, witnesses, on the date of _____.

WITNESS my hand and official seal.

Official Capacity of Office: _____

Print Name: _____

My Commission Expires: _____, 20____

(seal)

