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Space above this line for recorder's use

## **North Dakota Transfer on Death Deed (Beneficiary Deed)**

I, \_\_\_\_\_, with a mailing address of \_\_\_\_\_ (hereinafter referred to as the "Owner") being of competent mind and having the legal capacity to execute this document, as owner transfer on death to \_\_\_\_\_ with a mailing address of \_\_\_\_\_ (hereinafter referred to as the "Primary Beneficiary") as grantee beneficiary, the following described interest in real estate:

If the Primary Beneficiary does not survive me, I designate \_\_\_\_\_ with \_\_\_\_\_ a \_\_\_\_\_ mailing \_\_\_\_\_ address \_\_\_\_\_ of \_\_\_\_\_ (hereinafter referred to as the "Alternate Beneficiary") as grantee beneficiary.



This Transfer on Death Deed is revocable. It does not transfer any ownership until the death of the owner. It revokes all prior beneficiary designations by this owner for this interest in real estate. The grantor has the right to withdraw or rescind this deed at any time. Any beneficiaries named in this deed are hereby advised that this deed may be withdrawn or rescinded whether or not money or any other consideration was paid or given.

|                               |   |   |
|-------------------------------|---|---|
| _____<br>Owner's Name         | _____<br>Primary Beneficiary's Name         | _____<br>Alternate Beneficiary's Name         |
| _____<br>Owner's<br>Signature | _____<br>Primary Beneficiary's<br>Signature | _____<br>Alternate Beneficiary's<br>Signature |
| _____<br>Date                 | _____<br>Date                               | _____<br>Date                                 |

Recording requested by:  
\_\_\_\_\_

When recorded mail to and mail tax statements  
to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Notary Acknowledgment

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

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

The foregoing was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, by the undersigned, \_\_\_\_\_, who is personally known to me or satisfactorily proven to me to be the person whose name is subscribed to the within instrument.

\_\_\_\_\_  
Printed Name of Notary Public

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_

(seal)

