**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 3 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 stirpes. |
| (c) [ ]  |  be distributed to |  | . |

In Witness Whereof, this instrument is hereby executed

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Owner Signature |  | Date |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Printed Name |  |

|  |  |
| --- | --- |
| 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 |
|  |

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

EXHIBIT A

Legal Description