

\_\_\_\_\_

*space above this line for recorder's use only*

This deed was prepared by \_\_\_\_\_

After recording, please return to \_\_\_\_\_

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

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

## 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:

**A complete legal description of the real property being conveyed by this instrument is attached hereto on page 4 as EXHIBIT A.**

Owner: \_\_\_\_\_ 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

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 Nebraska }  
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: \_\_\_\_\_

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

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

(seal)

**EXHIBIT A**  
Legal Description