|  |  |
| --- | --- |
| **After recording, return to:** |  |
|  |  |
|  |  |
|  | *This space reserved for use by the County Recording Office.* |

**Oregon Transfer on Death Deed**

(ORS 93.948 (URPTDA 1) to 93.979 (Relation to Electronic Signatures in Global and National Commerce Act))

**NOTICE TO OWNER**

You should carefully read all information on this form. You may want to consult a lawyer before using this form. This form must be recorded before your death or it will not be effective.

**TAX STATEMENT**

Until a change is requested, all tax statements shall be sent to the following address:

|  |
| --- |
|  |

**IDENTIFYING INFORMATION**

Owner or Owners Making This Deed (Grantor or Grantors):

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**LEGAL DESCRIPTION**

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

**PRIMARY BENEFICIARY**

I designate the following beneficiary if the beneficiary survives me (Grantee):

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**ALTERNATE BENEFICIARY**

If my Primary Beneficiary does not survive me, I designate the following alternate beneficiary if the beneficiary survives me (Grantee):

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |

**TRANSFER ON DEATH**

At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the right to revoke this deed.

**SPECIAL TERMS (OPTIONAL)**

|  |
| --- |
|  |

**SIGNATURE OF THE OWNER OR OWNERS MAKING THIS DEED**

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Printed Name: |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| 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)

EXHIBIT A

Legal Description