|  |  |  |
| --- | --- | --- |
| **Prepared by:** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **When recorded, mail to:** |  |  |
|  |  |  |
|  |  |  |
|  |  | This Space for Recorder’s Use Only. |

**South Dakota Transfer on Death Deed**

**Notice to Owner:** This deed will transfer ownership of the property described below when you die. You should carefully read all of the information on this form. You should consult a lawyer before using this form. *This form must be recorded with the register of deeds before your death or it will not be effective. Any change to this deed must also be recorded to be effective.*

**Identifying Information**

Owner(s)/Grantor(s)

|  |  |  |
| --- | --- | --- |
| Name(s): |  | |
| Address: |  | |
| Marital Status of Owner(s): | |  |

**Legal Description of Property:**

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

**Beneficiary or Beneficiaries (Grantee or Grantees)**

I revoke all my prior transfer on death deeds concerning the property, and name the following beneficiary(ies) to receive the property (in equal shares, and as tenants in common, and not as joint tenants with rights of survivorship, unless I say otherwise):

I designate the following grantee beneficiary if the grantee beneficiary survives me:

|  |  |  |  |
| --- | --- | --- | --- |
| Beneficiary: |  | Marital Status: |  |
| Address: |  |  |  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Beneficiary: |  | Marital Status: |  |
| Address: |  |  |  |

This transfer  is **-OR-**  is not subject to the requirement that the named beneficiary survive me by one hundred twenty hours.

**Joint Tenant(s), if any**

The following individual or individuals is/are joint tenant(s) in the property:

**Transfer on Death**

*I hereby convey and transfer upon my death all my interests (whether now owned or hereafter acquired) in the described property to the above listed beneficiary(ies).* Before my death, I may revoke this deed, or any part of this deed. Exempt from Transfer Fee: § 43-4-22(18).

**Signature(s) of Owner(s) Who Join in this Deed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner Signature: |  | | Date: |  |
| Transferor Printed Name: | |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Owner Signature: |  | | Date: |  |
| Transferor Printed Name: | |  |  |  |

This document is exempt from documentary transfer tax under SDCL 43-4-22(18), and this document is exempt from completing and submitting the certificate of value under

SDCL 7-9-7(5)

**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