

PREPARED BY:

_____, _____

RETURN TO:

_____, _____

ASSESSOR'S PARCEL NUMBER:

Blank Space Above Line Reserved For Recorder's Use

NEW HAMPSHIRE REVOCABLE TRANSFER ON DEATH DEED

COVER PAGE

DATE: _____

PROPERTY ADDRESS: _____

GRANTOR(S): _____

NEW HAMPSHIRE REVOCABLE TRANSFER ON DEATH DEED

(Pursuant to N.H. Rev. Stat. § 563-D:19)

NOTICE: This deed must be recorded by the earlier of 60 days from date of execution or the date of death of Transferor(s), or it will not be effective.

THIS REVOCABLE TRANSFER ON DEATH DEED, dated _____, is made by Transferor(s), identified as follows:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Primary Beneficiary(ies) Under This Deed:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Alternate beneficiary(ies) designated under this Deed:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

This Revocable Transfer of Death Deed is made pursuant to the Uniform Real Property Transfer on Death Act, New Hampshire RSA 563-D. In accordance with the provisions of N.H. RSA 563-D, at my/our death, I/we transfer and convey my/our interest in the below described property to the Beneficiary(ies).

The real property that shall be transferred at my/our death pursuant to this Revocable Transfer on Death Deed is located at _____,
and is more particularly bound and described as follows:

Before my/our death, I/we have the right to revoke this Deed.

This Deed is exempt from real estate transfer tax as a revocable transfer on death deed for no consideration pursuant to RSA 78-B:2, XXV.

IN WITNESS WHEREOF, Transferor(s) duly executed this Deed on _____.

Signature: _____

Print Name: _____

Signature: _____

Print Name: _____

