

PREPARED BY:

RETURN TO:

TAX ACCOUNT ID NO.: _____

MARYLAND REVOCABLE TRANSFER ON DEATH DEED COVER PAGE

Tax Exemption: *(check if applicable)*

☐ - **Primary or Secondary Residence.** This deed is exempt from recordation tax pursuant to Md. Code, Tax-Prop. § 12-108(ii), from State transfer tax pursuant to Md. Code, Tax-Prop. § 13-207(a)(27), and from county transfer tax pursuant to Md. Code, Tax-Prop. § 13-414, the property described in this deed being a primary residence or a secondary residence of the Owner.

Date: _____

Property Address: _____

Grantor(s): _____

MARYLAND REVOCABLE TRANSFER ON DEATH DEED

(Pursuant to Md. Code, Real Prop. § 14-1011)

NOTICE TO OWNER

You Should Carefully Read All Information On This Form And The “Common Questions About The Use Of This Form” Document.

You May Want to Consult a Lawyer Before Using This Form.

This form is for current property owners. If not all current owners are signing this form, your name has changed since you acquired the property, or you wish to name multiple people to own the property in the future, consultation with a lawyer is strongly advised. Use of this form for more complex situations than provided for in the form may have unintended consequences.

This form must be notarized and recorded in each county (or Baltimore City) in which the property is located before your death, or it will not be effective. The notary public cannot be a relative of any beneficiary or owner.

Please attach and record additional pages if the requested information does not fit on this form.

IDENTIFYING INFORMATION

Owner(s) Making This Deed:

Printed Name: _____

Mailing Address: _____

Marital Status: _____

Printed Name: _____

Mailing Address: _____

Marital Status: _____

Legal Description of the Property:

BENEFICIARIES

NOTE: If this form names multiple primary beneficiaries or alternate beneficiaries and does not indicate a different form of ownership, the property will be transferred to them as joint tenants with rights of survivorship.

PRIMARY BENEFICIARY OR BENEFICIARIES

I designate the following beneficiary or beneficiaries if the beneficiary or beneficiaries survive me.

Printed Name: _____

Mailing Address, if available: _____

Printed Name: _____

Mailing Address, if available: _____

ALTERNATE BENEFICIARY – Optional (*check one*)

☐ - **None.** No alternate beneficiary is designated under this deed.

☐ - **Alternate Beneficiary.** If my primary beneficiary or beneficiaries do not survive me, I designate the following alternate beneficiary if that beneficiary survives me.

Printed Name: _____

Mailing Address, if available: _____

TRANSFER ON DEATH (*check one*)

☐ - **One Owner.** At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the full right to revoke this deed.

☐ - **Multiple Owners.** At our deaths, we transfer our interests in the described property to the beneficiaries as designated above. Before our deaths, we have the full right to revoke this deed.

SIGNATURE OF OWNER OR OWNERS MAKING THIS DEED

Owner 1's Signature: _____ (SEAL)

Date: _____

Print Name: _____

Owner 2's Signature: _____ (SEAL)

Date: _____

Print Name: _____

PREPARER *(check one)*

☐ - **Party.** I hereby certify that this revocable transfer-on-death deed was prepared by _____, _____, a party to this instrument.

☐ - **Attorney.** I hereby certify that this revocable transfer-on-death deed was prepared by me or under my supervision, and that I am an attorney admitted to the Bar of the State of Maryland.

Preparer's Signature: _____

Date: _____

Print Name: _____

ACKNOWLEDGMENT

State of _____ County of _____

This record was acknowledged before me on the _____ day of _____, 20_____, by

Signature of notarial officer

Title of office

(Stamp)

My commission expires: _____