Prepared by:	- -
When recorded, mail to:	_
	THIS SPACE FOR RECORDER'S USE ONLY
Trans	fer on Death Deed
I/we,	(owner/owners),
hereby convey toeffective on my/our death the follow	(grantee beneficiary), wing described real property:
,	
If a grantee beneficiary predecease beneficiary must either (choose one	es the owner, the conveyance to that grantee e):
☐ Become void.	
\square Become part of the estate	e of the grantee beneficiary.
Before my death, I/we have the right ownership interest until my/our dea	nt to revoke this deed. This deed does not transfer th.
	Date:
Printed Name:	
Signature: Printed Name:	Date:



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 personal	on
whose name is subscribed within the Transfer on Death Deed and acknowledged to	ne
that they executed the same in their authorized capacity, and that by their signature of	n
the instrument the person, or the entity upon behalf of which the person acted, execu	ted
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)	

