

Recording prepared by:

When recorded return to:

Mail tax statements to:

Tax parcel no: _____

State of _____

TRANSFER ON DEATH DEED

This Transfer on Death Deed is made effective this _____ day of _____, 20_____
(the "Effective Date") between:

Owner(s): _____ (the "Owner")
(Check one) ☐ an individual ☐ a married couple whose mailing address is
_____ [Address], and

Beneficiary: _____ (the
"Beneficiary") (Check one) ☐ an individual ☐ a business ☐ a trust whose mailing address is
_____ [Address]

☐ (Check if the Owner has a Secondary Beneficiary)

Secondary Beneficiary: _____ (the
"Secondary Beneficiary") (Check one) ☐ an individual ☐ a business ☐ a trust whose mailing address
is _____ [Address]

If the Beneficiary predeceases the Owner, or fails to survive the Owner, then the Secondary Beneficiary shall become the beneficiary of the Property. The transfer to the Secondary Beneficiary shall take effect upon the death of the Owner and shall be subject to the same terms and conditions as those applicable to



the Beneficiary. If the Secondary Beneficiary also predeceases the Owner, or fails to survive the Owner, then the Property shall be transferred to the Owner's estate.

WITNESSETH, that the Owner, does hereby transfer according to the provisions contained herein, the real property (the "Property") located: (Check one)

☐ In an unincorporated area in _____ County, _____ [State]

☐ At _____ [Address including county]
and more particularly described as follows: _____

_____ [Property
description]

The transfer of the Property to the Beneficiary shall take effect upon the death of the Owner.

The Owner reserves the right to revoke or change the Beneficiary designation at any time during the Owner's lifetime without the consent of the Beneficiary or any other person.

The Beneficiary shall have no interest in the Property until the death of the Owner.

This transfer is made expressly subject to the deeds of trust, mortgages, conditions, restrictions, rights of way, easements, and other instruments of record, insofar as they may lawfully affect the Property.

In witness whereof, the Owner has executed this Transfer on Death Deed as of the Effective Date.

Owner Signature **Owner Name**

Owner Signature **Owner Name**

Beneficiary Signature **Beneficiary Name**
Beneficiary Name **Beneficiary Representative**
Signature



Beneficiary Representative Name and Title

Witness Signature **Witness** Name **Witness** Signature **Witness** Name



NOTARY ACKNOWLEDGEMENT

State of _____)
County of _____) **(Seal)**

The foregoing instrument was acknowledged before me by the means of ☐ online notarization ☐ physical presence this _____ day of _____, 20_____, by the undersigned, _____, who is personally known to me or satisfactorily proven to me to be the person(s) whose name(s) is subscribed to the within instrument.

Signature

Notary Public

My Commission Expires: _____

