

## TRANSFER ON DEATH DEED

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RECORDING REQUESTED BY:

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WHEN RECORDED MAIL TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

APN / PARCEL ID: \_\_\_\_\_

### SPACE ABOVE THIS LINE FOR RECORDER'S USE

### REVOCABLE TRANSFER ON DEATH DEED

**NOTICE TO OWNER:** YOU SHOULD CAREFULLY READ ALL INFORMATION CONTAINED IN THIS DOCUMENT. YOU MAY WANT TO CONSULT A LAWYER BEFORE USING THIS FORM. THIS DEED MUST BE RECORDED ON OR BEFORE 60 DAYS AFTER THE DATE IT IS NOTARIZED AND PRIOR TO YOUR DEATH IN THE PUBLIC RECORDS OF THE COUNTY WHERE THE PROPERTY IS LOCATED.

#### I. GRANTOR INFORMATION

This Revocable Transfer on Death Deed is made on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.  
\_\_\_\_\_.

The Grantor: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

#### II. PROPERTY DESCRIPTION

The Grantor, being of competent mind and having the legal capacity to execute this Deed, hereby transfers and conveys to the Beneficiary(ies) named below, effective upon the Grantor's death, all of the Grantor's interest in the following described real property located in the County of

\_\_\_\_\_, State of \_\_\_\_\_:

The Legal Description of the Property is:

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Property Address (if different from legal description):

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### **III. PRIMARY BENEFICIARY(IES)**

Upon the death of the Grantor, the Grantor conveys the above-described Property to the following Beneficiary(ies). If multiple beneficiaries are named, they shall take ownership as:

Tenants in Common  Joint Tenants with Rights of Survivorship

The Primary Beneficiary(ies):

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#### **IV. ALTERNATE BENEFICIARY(IES)**

If any Primary Beneficiary named above does not survive the Grantor, their interest shall:

- Lapse (return to the estate)
- Pass to the surviving Primary Beneficiary(ies)
- Pass to the Alternate Beneficiary(ies) named below

The Alternate Beneficiary(ies):

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#### **V. TRANSFER ON DEATH**

1. **Revocability:** This Deed is revocable. It does not transfer any ownership until the death of the Grantor. The Grantor retains full ownership, possession, and control of the Property, including the right to sell, encumber, mortgage, or revoke this Deed, during their lifetime.

2. **Effectiveness:** This Deed transfers ownership only upon the death of the Grantor, provided the Grantor still owns the Property at the time of death and this Deed has been properly recorded prior to the Grantor's death in the county where the Property is located.

3. **Consideration:** This transfer is made for:

- No Consideration (Gift)
- Love and Affection
- The sum of \$ \_\_\_\_\_

4. **Subject to Encumbrances:** The Beneficiary(ies) take the Property subject to all conveyances, assignments, contracts, mortgages, liens, and security pledges made by the Grantor or to which the Property was subject at the time of the Grantor's death.

#### **VI. SIGNATURES**

##### **GRANTOR**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Address: \_\_\_\_\_

## **WITNESSES**

(Note: Many states require two witnesses for a Transfer on Death Deed to be valid. Witnesses should not be related to the Grantor or named as Beneficiaries.)

### **WITNESS 1**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Address: \_\_\_\_\_

### **WITNESS 2**

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Address: \_\_\_\_\_

## **VII. NOTARY ACKNOWLEDGMENT**

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature: \_\_\_\_\_

Notary Public

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Seal)

#### **PREPARER INFORMATION**

This instrument was prepared by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_