

**TRANSFER ON DEATH
TO BENEFICIARY**

Use black ink

DECEDENT'S NAME	DATE OF DEATH		
ADDRESS OF DECEDENT AT DATE OF DEATH	CITY	ST	ZIP

PRESENTATION OF DEATH CERTIFICATE

I certify that I have viewed a certified copy of the decedent's death certificate.

REGISTER OF DEEDS SIGNATURE

DATE

Recording area

**THE INTEREST OF THE DECEDENT IN THE PROPERTY NOTED HEREIN IS
HEREBY TRANSFERRED UNDER THE FOLLOWING STATUTE:**

s.867.046 which pertains to nonprobate transfer of real property under 705.15.
An interest in real property may be transferred without probate to a designated
TOD beneficiary on the death of the sole owner or last to die of multiple owners.
(You must provide a copy of the document establishing interest in property.)

Name and return address:

Presentation of recorded document establishing interest in real estate.

Parcel Identification Number

SEND TAX STATEMENTS TO:

DOCUMENT # VOLUME/REEL PAGE/IMAGE RECORDS/DEEDS

Description of the real estate.

See Attached

DECLARATION: I(We) declare that this document is, to the best of my(our) knowledge and belief, true, correct and complete and is in conformity with the provisions and limitations of the Wisconsin Statutes.

Name and Address (List all beneficiaries. If more space is needed, attach pages.)	Applicant's Interest in Property (ie: beneficiary)	Applicant Signature(Notarized) (Print or type name below signature)	Date

This document was drafted
by: *(print or type name below)*

STATE OF WISCONSIN, County of
Subscribed and sworn to before me on:

by the above named person(s):

NOTE: SEE DIRECTIONS.
Wisconsin Register of Deeds
Association Form TOD-110
Website Version 05/2010

Signature of Notary or other person
authorized to administer an oath (as per
s 706.06, 706.07)

Print or type name:

Title:

Date Commission Expires:

THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.