

**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.

_____ DATE _____
 REGISTER OF DEED'S SIGNATURE

Interest in property is terminated under (please check appropriate statute):

s. 867.045 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 _____

DOCUMENT # VOLUME/REEL PAGE/IMAGE RECORDS/DEEDS

Description of the real estate. See Attached

Description of personal property (if any) being transferred. Per705.10(1).

You may list savings accounts, checking accounts and securities on attached pages. Indicate person(s) receiving property.

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.
 (If more space is needed, attach pages.)

Name and Address (List all remaindermen/ beneficiaries)	Applicant's Interest in Property <small>(ie:spouse, remainderman)</small>	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 by the above named person(s) on: _____

NOTE: SEE DIRECTIONS.
 Wisconsin Register of Deeds Association Form TOD-110
 Website Version 03/2007

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: _____