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 CE I certify that I have viewed a c certificate.			ent's d	eath		
REGISTER OF DEEDS SIGNATUR	 RE	DATE			Recording area	
E INTEREST OF THE DECEDENT REBY TRANSFERRED UNDER T			HEREI	N IS	Name and return addre	ess:
67.046 which pertains to nonprobinterest in real property may be D beneficiary on the death of the bu must provide a copy of the doc	transferred sole owner	without probate to or last to die of	o a des multiple	ignated owners.		
esentation of recorded documer	nt establish	ning interest in r	eal est	ate.	Parcel Identification	Number
				SI	END TAX STATEMENTS TO:	
DECLARATION: I(We) declare t						correct and
Complete and is in conformity with the Name and Address (List all beneficiaries. If more space is needed, attach pages.)		Applicant's Applic		pplicant	Signature(Notarized) e name below signature)	Date
This document was drafted		F WISCONSIN, C				
by:(print or type name below)		ed and sworn to be		ne on: _ 		
NOTE: SEE DIRECTIONS. Wisconsin Register of Deeds Association Form TOD-110 Website Version 05/2010	authorize s 706.06,	,				
	Print or type name: Title: Da				ate Commission Expires:	