

Date: _____

**Client Information-
Transfer on Death Deed**

Property Owner (Transferor) #1	Name (First, Middle, Last):	Social Security Number:	Date of Birth:	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name (Other names known by):	Email:		County of Domicile:
	Name (Other names known by):	Home Phone:	Cell Phone:	
	Mailing Address:	City:	State:	Zip:
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Spouse of Property Owner #2	Spouse Name:		Work Phone:

Property Owner (Transferor) #2	Name (First, Middle, Last):	Social Security Number:	Date of Birth:	U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Name (Other names known by):	Email:		County of Domicile:
	Name (Other names known by):	Home Phone:	Cell Phone:	
	Mailing Address:	City:	State:	Zip:
	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Spouse of Property Owner #1	Spouse Name:		Work Phone:

Property Location	Street Address:	City:	State:	Zip:
--------------------------	-----------------	-------	--------	------

Description of Property (PROVIDE DEED):

Restrictive Covenants, Reservations (Mineral Interests, etc.):

Notes:

	<p>_____</p> <p>_____</p> <p>_____</p>
--	--

Please provide a copy of the following: State Issued Driver's License State Issued Identification Card

**TRANSFER ON DEATH DEED
BENEFICIARIES**

(Please Complete Box A, B, or C.)

A. Married—Both Spouses Own the Property and Want to Leave it to the Surviving Spouse

Alternate Beneficiaries

When we are both deceased, we want the following person(s) to own our property. If more than one alternate beneficiary is listed, they will own the property in equal shares.

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

See Additional Beneficiaries (Check this box if you have included additional beneficiaries on a separate form).

B. Married—One Spouse Owns the Property and Wants to Leave it to Surviving Spouse

Primary Beneficiary

Beneficiary Spouse's Name: _____

Mailing Address: _____

Alternate Beneficiaries:

If my spouse dies before me, I want the following person(s) to own my property when I die. If more than one alternate beneficiary is listed, they will own the property in equal shares.

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

See Additional Beneficiaries (Check this box if you have included additional beneficiaries on a separate form).

C. Other—Property Does Not Go to a Surviving Spouse

Primary Beneficiaries

The following beneficiaries will own my property in equal shares:

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Alternate Beneficiaries

If All primary beneficiaries die before me, I want the following person(s) to own my property when I die. If more than one alternate beneficiary is listed, they will own the property in equal shares.

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

See Additional Beneficiaries (Check this box if you have included additional beneficiaries on a separate form).

Additional Beneficiaries:

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Indicate Applicable Section: Section A Section B Section C -Primary Section C -Alternate

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Indicate Applicable Section: Section A Section B Section C- Primary Section C- Alternate

Beneficiary Name: _____ Relationship: _____

Mailing Address: _____

Indicate Applicable Section: Section A Section B Section C- Primary Section C- Alternate