SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: _____
_____
_____

CERTIFIED DEATH CERTIFICATE PURSUANT TO TRANSFER ON DEATH DEED

DEED RECORDED:

_____ _____
DATE RECORDING INFORMATION

GRANTOR: _____
_____

GRANTEE: _____
_____
_____
_____

FULL & COMPLETE LEGAL DESCRIPTION (ATTACH LEGAL DESCRIPTION ON PAGE 2 IF ADDITIONAL SPACE IS NEEDED):

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