

**USE  
BLACK  
INK**

**TRANSFER ON DEATH DEED**

Document Number

Document Name

THIS DEED, made between \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ("Grantor," whether one or more),  
and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ("Grantee," whether one or more).

Grantor, for a valuable consideration, conveys to Grantee the following described real estate, together with the rents, profits, fixtures and other appurtenant interests, in **Chippewa** \_\_\_\_\_ County, State of Wisconsin ("Property") (if more space is needed, please attach addendum):

**PROPERTY DESCRIPTION:**

Recording Area

Name and Return Address

This is a TOD (transfer-on-death) Deed under s. 705.15, Stats., which conveys ownership of the above real estate to the Grantee named above upon the death of the grantor as a non-testamentary conveyance without probate.

Parcel Identification Number (PIN)

This \_\_\_\_\_ homestead property.  
(is) (is not)

This document is only designating a transfer on death beneficiary and exempt from transfer fee and transfer form per s. 77.21(1), Stats., and s. 77.25(10m), Stats.

Grantor is the sole owner of this real estate while Grantor is living, and Grantor has the right to revoke or change this deed in any manner, including the right to record a new TOD Deed to change the Grantee named herein or to remove all TOD beneficiaries, and the right to sell or otherwise convey this real estate and to retain the sales proceeds, without the permission or involvement of the grantee(s).

Dated \_\_\_\_\_

\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
\* \_\_\_\_\_ \* \_\_\_\_\_  
\_\_\_\_\_  
(SEAL) \_\_\_\_\_ (SEAL)  
\* \_\_\_\_\_ \* \_\_\_\_\_

**AUTHENTICATION**

**ACKNOWLEDGMENT**

Signature(s) \_\_\_\_\_  
\_\_\_\_\_  
authenticated on \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_) ss.  
\_\_\_\_\_ COUNTY )

\* \_\_\_\_\_  
**TITLE: MEMBER STATE BAR OF WISCONSIN**  
(If not, \_\_\_\_\_  
authorized by Wis. Stat. § 706.06)

Personally came before me on \_\_\_\_\_,  
the above-named \_\_\_\_\_  
\_\_\_\_\_ to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

THIS INSTRUMENT DRAFTED BY:  
\_\_\_\_\_  
\_\_\_\_\_

\* \_\_\_\_\_  
Notary Public, State of Wisconsin  
My Commission (is permanent) (expires: \_\_\_\_\_)

(Signatures may be authenticated or acknowledged. Both are not necessary.)