

(Top 3 inches reserved for recording data)

TRANSFER ON DEATH DEED
Statutory form
Minn. Stat. 507.071

Minnesota Uniform Conveyancing Blanks
Form 10.8.4 (2011)

NO DEED TAX DUE
pursuant to Minn. Stat. 287.22(15)

DATE: **DATE**
(month/day/year)

I (we) **First, Middle, Last Name of Owner(s) of House**
(insert name of Grantor Owner or Owners and spouses, if any, with marital status designated)

Grantor(s),
hereby convey(s) and quitclaim(s) to **First, Middle, Last Name of Beneficiary**
(insert name of Grantee Beneficiary, whether one or more)

Address, City, State, Zip of Beneficiary
Grantee Beneficiary, effective

(check only one box) on the death of the Grantor Owner, if only one grantor is named above, or on the death of the last of the Grantor Owners to die, if more than one Grantor Owner is named above, or
 on the death of _____,
(insert name of Grantor Owner, must be one of the Grantor Owners named above)

the following described real property:

Address, City, State, Zip
Property Description Here Find your real property information online

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto.

NOTE: Pursuant to Minn. Stat. 507.071, subd. 8, this deed must be recorded before the death of the Grantor Owner upon whose death the conveyance or transfer is effective.

If checked, the following optional statement applies:

- When effective, this instrument conveys any and all interests in the described real property acquired by the Grantor Owner(s) before, on, or after the date of this instrument.

WAIT TO SIGN IN FRONT OF NOTARY

Grantor(s)

Your signature

(signature) _____

Spouse signature

(signature) _____

State of Minnesota, County of **NOTARY FILLS OUT**

This instrument was acknowledged before me on **NOTARY FILLS OUT**, by
(month/day/year)

NOTARY FILLS OUT YOUR NAME(S) HERE
(insert name and marital status of each grantor)

(Stamp)

NOTARY STAMPS HERE

NOTARY SIGNS AND DATES HERE

(signature of notarial officer) _____

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)

**Name, Address, City, State, Zip
of Who Filled This Form Out**