

This Document Prepared by:

[FULL NAME]

[ADDRESS]

[CITY, STATE, ZIP]

[PHONE]

After Recording Return to:

[FULL NAME]

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[CITY, STATE, ZIP]

This Space for Recorder's Use Only.

New York Revocable Transfer on Death Deed

NOTICE TO TRANSFEROR

You should carefully read all information at the end of this form. This form must be recorded before your death, or it will not be effective.

IDENTIFYING INFORMATION

Transferor or Transferors Making This Deed:

[FULL NAME OF OWNER 1], [OWNER 1 MAILING ADDRESS]

[FULL NAME OF OWNER 2], [OWNER 2 MAILING ADDRESS]

Legal description of the property:

[LEGAL DESCRIPTION OF PROPERTY]

PRIMARY BENEFICIARY

I designate the following beneficiary if the beneficiary survives me:

[FULL NAME OF BENEFICIARY], [BENEFICIARY MAILING ADDRESS]

[FULL NAME OF BENEFICIARY 2], [BENEFICIARY 2 MAILING ADDRESS]

ALTERNATE BENEFICIARY – Optional

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If my primary beneficiary (or primary beneficiaries, if multiple) do not survive me, I designate the following alternate beneficiary if that beneficiary survives me:

[FULL NAME OF ALTERNATE BENEFICIARY]

[ALTERNATE BENEFICIARY MAILING ADDRESS]

TRANSFER ON DEATH

At my death, I transfer my interest in the described property to the beneficiaries as designated above. Before my death, I have the right to revoke this deed.

SIGNATURE OF TRANSFEROR OR TRANSFERORS MAKING THIS DEED

Signature: _____ **Date:** [DATE]

Printed Name: [PRINTED NAME]

Signature: _____ **Date:** [DATE]

Printed Name: [PRINTED NAME]

Witness 1

Signature: _____

Printed Name and Date: [PRINTED NAME] [DATE]

Witness 2

Signature: _____

Printed Name and Date: [PRINTED NAME] [DATE]

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NOTARY ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of New York }
County of _____ }

On _____, 20____, before me, _____ (insert name and title of the officer), personally appeared _____ (seller's name) who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed within the Transfer on Death Deed and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public: _____

Print Name: _____

My Commission Expires: _____, 20____

(seal)