

RECORDING REQUESTED BY:



**WHEN RECORDED MAIL TO
AND MAIL TAX STATEMENTS TO:**

NAME:

ADDRESS:

CITY:

STATE/ZIP:

Title Order No.: _____ Escrow No.: _____ Space Above This Line For Recorder's Use

**REVOCABLE TRANSFER ON DEATH (TOD) DEED
(California Probate Code § 5642)**

THE UNDERSIGNED GRANTOR(s) DECLARE(s):

This conveyance is exempt from Documentary Transfer Tax under Revenue and Taxation Code § 11930.

This conveyance is exempt from Preliminary Change of Ownership Report under Revenue and Taxation Code § 480.3.

**IMPORTANT NOTICE: THIS DEED MUST BE RECORDED ON OR BEFORE 60
DAYS AFTER THE DATE IT IS SIGNED AND NOTARIZED**

Use this deed to transfer the residential property described below directly to your named beneficiaries when you die. YOU SHOULD CAREFULLY READ ALL OF THE INFORMATION ON THE OTHER PAGES OF THIS FORM. You may wish to consult an attorney before using this deed. It may have results that you do not want. Provide only the information asked for in the form. DO NOT INSERT ANY OTHER INFORMATION OR INSTRUCTIONS. This form MUST be RECORDED on or before 60 days after the date it is notarized or it will not be effective.

PROPERTY ASSESSOR'S PARCEL NUMBER

PROPERTY DESCRIPTION

(Legal description of the residential property affected by this deed)



BENEFICIARY(IES) AND RELATIONSHIP

(Name the person(s) or entity(ies) who will receive the described property on your death.

IF YOU ARE NAMING A PERSON, state the person's FULL NAME (DO NOT use general terms like "my children"). You may also wish to state the RELATIONSHIP that the person has to you (spouse, son, daughter, friend, etc.), but this is not required.

IF YOU ARE NAMING A TRUST, state the full name of the trust, the name of the trustee(s), and the date shown on the signature page of the trust.

IF YOU ARE NAMING A PRIVATE OR PUBLIC ENTITY, state the name of the entity as precisely as you can..)

TRANSFER ON DEATH

I transfer all of my interest in the described property to the named beneficiary(ies) on my death. I may revoke this deed. When recorded, this deed revokes any TOD deed that I made before signing this deed.

(Sign and print your name below (your name should exactly match the name shown on your title documents)

Date: _____

(Sign Name)

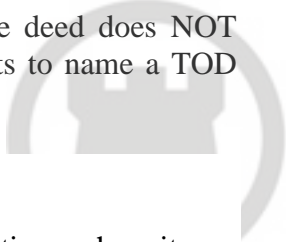
(Print Name)

Date: _____

(Sign Name)

(Print Name)

NOTE: This deed only transfers MY ownership share of the property. The deed does NOT transfer the share of any co-owner of the property. Any co-owner who wants to name a TOD beneficiary must execute and RECORD a SEPARATE deed.



WITNESSES

To be valid, this deed must be signed by two persons, both present at the same time, who witness your signing of the deed or your acknowledgment that it is your deed. The signatures of the witnesses do not need to be acknowledged by a notary public.

Witness #1

Date: _____
_____ (Sign Name)

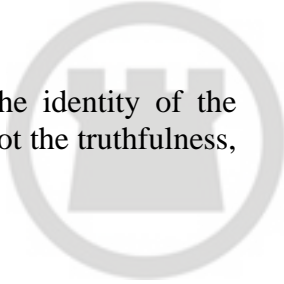
(Print Name)

Witness #2

Date: _____
_____ (Sign Name)

(Print Name)

ACKNOWLEDGMENT OF NOTARY



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.

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STATE OF CALIFORNIA }
COUNTY OF _____ } *S.S.*

On _____
before me, _____
(here insert name and title of the officer), personally appeared,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

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

WITNESS my hand and official seal.

Signature