
SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: _____

**CERTIFIED DEATH CERTIFICATE PURSUANT TO
TRANSFER ON DEATH DEED**

INSTRUMENT # OF PREVIOUSLY RECORDED T.O.D.D.

GRANTOR: _____
(Deceased Person's Name)

SURVIVING
GRANTEE(S): _____

FULL & COMPLETE LEGAL DESCRIPTION – OR ATTACH LEGAL DESCRIPTION ON PAGE 2 IF
ADDITIONAL SPACE IS NEEDED: