

THIS FORM HAS BEEN PREPARED FOR USE IN THE STATE OF INDIANA BY LAWYERS ONLY. USING THIS FORM, FILLING IN BLANK SPACES, STRIKING OUT PROVISIONS AND INSERTING SPECIAL CLAUSES MAY CONSTITUTE THE PRACTICE OF LAW, WHICH SHOULD BE PERFORMED ONLY BY A LAWYER.

Parcel Identification No. \_\_\_\_\_

# REVOCATION OF TRANSFER ON DEATH DEED

THIS INDENTURE WITNESSETH, That \_\_\_\_\_, (“Owner(s)/ Grantor(s)”) of \_\_\_\_\_ County, in the State of \_\_\_\_\_, hereby **REVOKE(S)** the Transfer on Death Deed signed by the said Grantor on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and recorded on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, in the office of the Recorder of \_\_\_\_\_ County, State of Indiana, as Document No. \_\_\_\_\_, which would have transferred on said Grantor’s death, the interest of said Grantor in the following described real estate in \_\_\_\_\_ County, in the State of Indiana:

Commonly known as \_\_\_\_\_

This Transfer on Death Deed is subject to the applicable provisions of the Transfer on Death Property Act, I.C. 32-17-14-1 et seq., and as amended.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
*(Do not mark below this line)*

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared: \_\_\_\_\_

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_

Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_ SS:

Before me, the undersigned, a Notary Public in and for said County and State, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, personally appeared: \_\_\_\_\_

and acknowledged the execution of the foregoing deed. In witness whereof, I have hereunto subscribed my name and affixed my official seal.

My commission expires: \_\_\_\_\_ Signature \_\_\_\_\_

Resident of \_\_\_\_\_ County Printed \_\_\_\_\_, Notary Public

This instrument prepared by \_\_\_\_\_, Attorney at Law

MAIL TO: \_\_\_\_\_  
Mailing Address to which the tax statement should be mailed pursuant to I.C. 6-1.1-22-8.1

\_\_\_\_\_  
Owner's Street Address or Rural Route Address if different than Mailing Address



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I, affirm under the penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law.

\_\_\_\_\_  
(Printed or written signature of person preparing this instrument)