

TERMINATION OF DECEDENT'S INTEREST

DECEDENT'S NAME	DATE OF DEATH		
DECEDENT'S ADDRESS AT DATE OF DEATH	CITY	ST	ZIP

THE INTEREST OF THE DECEDENT IN THE PROPERTY LEGALLY DESCRIBED HEREIN IS TERMINATED PURSUANT TO THE FOLLOWING WISCONSIN STATUTE AND TRANSFERRED AS PROVIDED BY STATUTES:

- 867.045 – real property in which the decedent was a joint tenant, had a vendor's or mortgagee's interest, or had a life estate.

- 867.046 - property of a decedent specified in a marital property agreement, survivorship marital property; a third party confirmation; or a nonprobate transfer on death as described in 705.10(1) or 705.15.

Recording Area _____
 Name and Return Address: _____

DOCUMENT UNDER WHICH DECEDENT'S INTEREST IN THE PROPERTY IS NOW TERMINATED – Copy(ies) of which is/are attached:

Recorded Document No. _____ Volume _____ Page _____
 Deed Transfer on Death Land Contract Mortgage
 Other _____

Parcel Identification Number: _____
SEND TAX STATEMENT TO: _____

Unrecorded Document:
 Marital Property Agreement Other _____

DESCRIPTION OF THE PROPERTY TRANSFERRED (check all that apply):

- REAL PROPERTY - legal description as set forth in the attached/referenced and previously recorded document
- REAL PROPERTY - current legal description *if different* than the foregoing document
- NON-REAL PROPERTY – property identified in the attached document, including, digital property, bank accounts and securities

Name(s) and address of owner(s) of the property immediately after the decedent's death; <u>attach additional names & addresses</u> if more than one owner.	Interest of the signer of this document in the property: <input type="checkbox"/> joint tenant <input type="checkbox"/> remainder person if a life estate <input type="checkbox"/> mortgagee <input type="checkbox"/> land contract vendor <input type="checkbox"/> decedent's spouse <input type="checkbox"/> beneficiary of a marital property agreement <input type="checkbox"/> beneficiary of a transfer under 705.10(1) or 705.15 <input type="checkbox"/> other: _____
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DECLARATION: To the best of undersigned's knowledge and belief, the undersigned declares that this document is true, accurate, complete and in conformity with the provisions and limitations of the Wisconsin Statutes.

DATE: _____

DECLARANT SIGNATURE

ACKNOWLEDGMENT

X _____

STATE OF _____)
 COUNTY OF _____)

PRINT NAME: _____

_____ subscribed and
 sworn to before me on: _____, by the
 above named person(s) who executed this document and
 acknowledged the same.

THIS DOCUMENT WAS DRAFTED BY:

Signature of Notary or other
 person authorized to administer
 an oath (as per 706.06, 706.07)

Print Name: _____
 Notary Public, State of _____
 My Commission (is permanent) (expires _____).

Title: _____