
SPACE ABOVE RESERVED FOR REGISTER OF DEEDS OFFICE RECORDING INFORMATION

RETURN TO: _____

TITLE OF DOCUMENT: CERTIFIED DEATH CERTIFICATE FOR DEEDS

- | | |
|--|---|
| <input type="checkbox"/> Transfer on Death Deed | <input type="checkbox"/> Joint Tenancy |
| <input type="checkbox"/> Life Estate | <input type="checkbox"/> Other |

DEED RECORDED:

_____	_____
DATE	RECORDING INFORMATION

GRANTOR: _____

GRANTEE: _____

FULL & COMPLETE LEGAL DESCRIPTION:

(INCLUDE LEGAL DESCRIPTION ABOVE OR ATTACH LEGAL DESCRIPTION ON PAGE 2)

