

ASSESSOR'S PARCEL NUMBER (APN):

PREPARED BY:

_____, _____

RETURN TO:

_____, _____

Blank Space Above Line Reserved For Recorder's Use

GEORGIA REVOCABLE TRANSFER ON DEATH DEED

COVER PAGE

DATE: _____

PROPERTY ADDRESS: _____

GRANTOR(S): _____

GEORGIA TRANSFER-ON-DEATH DEED UNDER O.C.G.A. § 44-17-3

County of _____

State of Georgia

THIS INDENTURE is made this _____, between Transferor(s), identified as:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

AND the Beneficiary(ies), identified as follows:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

Alternate beneficiary(ies) designated under this Deed:

Name: _____

Address: _____

Marital Status: _____

Name: _____

Address: _____

Marital Status: _____

I/We, the Transferor(s), being of competent mind and having the legal capacity to execute this Deed, as record owner(s), hereby grant, bargain, sell, transfer, alien, convey, and confirm upon my/our death to Beneficiary(ies) my/our interest in the following described real property:

Commonly known as: _____.

TO HAVE AND TO HOLD the said described property, with all and singular the rights, members and appurtenances thereof, to the same being, belonging, or in anywise appertaining, to the only proper use, benefit and behoof of the said Beneficiary forever in FEE SIMPLE, but subject to the following limitations: THIS TRANSFER-ON-DEATH DEED IS REVOCABLE. IT DOES NOT TRANSFER ANY OWNERSHIP UNTIL THE DEATH OF THE TRANSFEROR(S). IT REVOKES ALL PRIOR BENEFICIARY DESIGNATIONS BY THE TRANSFEROR(S) FOR

THIS INTEREST IN REAL ESTATE. THE TRANSFEROR(S) HAS THE RIGHT TO WITHDRAW OR RESCIND THIS DEED AT ANY TIME. ANY BENEFICIARY NAMED IN THIS DEED IS HEREBY ADVISED THAT THIS DEED MAY BE WITHDRAWN OR RESCINDED WHETHER OR NOT MONEY OR ANY OTHER CONSIDERATION WAS PAID OR GIVEN.

Transferor(s) will warrant and forever defend the right and title to the said described property unto the said Beneficiary(ies) against the claims of all persons claiming by, under or through Transferor(s), subject to the restrictions and limitations set forth in this instrument.

IN WITNESS WHEREOF, the Transferor(s) declares that this Deed is a revocable transfer-on-death deed of the real property described herein and has signed and sealed this Deed, the day and year above written.

Transferor Signature: _____

Print Name: _____

Transferor Signature: _____

Print Name: _____

Signed, sealed, declared and delivered in the presence of:

Witness's Signature

Name of Witness

Street Address

City, State, Zip Code

NOTARY ACKNOWLEDGMENT:

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which the certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____)
) ss.

County of _____)

On this _____ day of _____, 20____, before me,
_____, 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 _____
that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(SEAL)

Notary Signature

Notary Printed Name _____

My Commission Expires: _____