

State Bar of Wisconsin Form 9-2009
DESIGNATION OF TOD BENEFICIARY
Under Wis. Stat. § 705.15

Document Number

Document Name

THIS DESIGNATION is made by _____

_____ (collectively, "Owner") of the following
described real estate located in _____ County, State of Wisconsin (the "Property")
(attach Exhibit A if more space is needed):

Recording Area

Name and Return Address

Owner transfers the Property without probate upon death of the sole owner, or upon the last to die of multiple owners, to the following TOD beneficiary, without warranties:

Select A or B:

- ☐ A. _____
Insert name of beneficiary, whether one or more. This revokes all previous
TOD beneficiary designations.
- ☐ B. The sole purpose of this instrument is to revoke all previous TOD beneficiary
designations.

Parcel Identification Number (PIN)

This _____ homestead property.
(is) (is not)

This designation is effective only upon the recording of this instrument.

**This transaction is Fee Exempt under Wis. Stat. § 77.25(10m), and exempt from the filing
of a transfer return under Wis. Stat. § 77.21(1).**

Dated _____.

_____(SEAL)_____(SEAL)
* _____ *

_____(SEAL)_____(SEAL)
* _____ *

AUTHENTICATION

Signature(s) of _____
authenticated on _____.

* _____
TITLE: MEMBER STATE BAR OF WISCONSIN
(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ COUNTY)

Personally came before me on _____,
the above-named _____
to me known to be the person(s) who executed the foregoing
instrument and acknowledged the same.

* _____
Notary Public, State of Wisconsin
My Commission (is permanent) (expires: _____)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.
DESIGNATION OF TOD BENEFICIARY STATE BAR OF WISCONSIN FORM NO. 9-2009

* Type name below signatures.