TERMINATION OF DECEDENT'S INTEREST

DECEDENT'S NAME	DATE OF DEATH		
DECEDENT'S ADDRESS AT DATE OF DEATH	CITY	STATE	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_____

Unrecorded Document:

☐ Marital Property Agreement ☐ Other _____

_____

Parcel Identification Number:

SEND TAX STATEMENT TO:

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, inc. 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:** ☐ joint tenant ☐ remainder person if a life estate ☐ mortgagee ☐ land contract vendor ☐ decedent's spouse ☐ beneficiary of a marital property agreement ☐ beneficiary of a transfer under 705.10(1) or 705.15 ☐ other: _____

<u>DECLARATION:</u> 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

X _____

PRINT NAME: _____

THIS DOCUMENT WAS DRAFTED BY:

_____

ACKNOWLEDGMENT

STATE OF WISCONSIN)

COUNTY OF _____)

_____ personally came before me on _____, to me known to be the person(s) who executed this document and acknowledged the same.

_____

Print Name: _____

Notary Public, State of Wisconsin.

My Commission (is permanent) (expires _____).

THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.