|  |  |  |
| --- | --- | --- |
| 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

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| --- | --- |
| **Name(s) and address of owner(s) of the property immediately after the decedent’s death; attach additional names & addresses 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **DECLARANT SIGNATURE** **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **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 DOCUMENT WAS DRAFTED BY:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |