

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 _____.

ACKNOWLEDGMENT

STATE OF WISCONSIN)
) ss.
_____ COUNTY)

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

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.

THIS INSTRUMENT DRAFTED BY:

* _____
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.