TERMINATION OF DECEDENT'S PROPERTY INTEREST

[redacted]

DECEDENT'S NAME	DATE OF DEATH		
ADDRESS OF DECEDENT AT DATE OF DEATH	CITY	ST	ZIP

PRESENTATION OF DEATH CERTIFICATE
I certify that I have viewed a certified copy of the decedent's death certificate.

REGISTER OF DEEDS SIGNATURE _____ DATE _____

Recording area

Name and return address:

Parcel Identification Number

Interest in property is terminated under (please check appropriate statute):

☐ s. 867.045 which pertains to property in which the decedent was a joint tenant, had a vendor's or mortgagee's interest, or had a life estate. (You must provide a copy of the document establishing joint tenancy or life estate.)

☐ s. 867.046 which pertains to (1) property of a decedent specified in a marital property agreement, and also to (2)survivorship marital property. (2m) Third Party Confirmation (You must provide a copy of the document establishing survivorship marital property.)

☐ s. 705.15 Nonprobate Transfers on Death. A provision for a nonprobate transfer on death in a trust, conveyance deed of gift or marital property agreement(You must provide a copy of the document establishing transfer on death.)

Presentation of recorded document establishing joint tenancy, life estate, survivorship marital property, vendor interest, or mortgagee interest in real estate.

DOCUMENT # VOLUME/REEL PAGE/IMAGE RECORDS/DEEDS

Description of the real estate. ☐ **See Attached**

Description of personal property (if any) being transferred.
You may list savings accounts, checking accounts and securities on attached pages. Indicate person(s) receiving property.
DECLARATION: I(We) declare that this document is, to the best of my(our) knowledge and belief, true, correct and complete and is in conformity with the provisions and limitations of the Wisconsin Statutes. (If more space is needed, attach pages.)

Name and Address	Relationship to Decedent	Signature(Notarized)	Date

This document was drafted by: *(print or type name below)*

_____

STATE OF WISCONSIN, County of _____
Subscribed and sworn to before me on: _____
by the above named person(s): _____

Signature of Notary or other person authorized to administer an oath (as per s 706.06, 706.07) _____

Print or type name: _____

Title: _____ Date Commission Expires: _____

NOTE: SEE DIRECTIONS.
Wisconsin Register of Deeds Association Form HT-110
Website Version 03/2006

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