

TERMINATION OF DECEDENT'S PROPERTY INTEREST

Use black ink

DECEDENT'S NAME			
ADDRESS OF DECEDENT AT DATE OF DEATH	CITY	STATE	ZIP
DATE OF DEATH	SOCIAL SECURITY NUMBER		

PRESENTATION OF DEATH CERTIFICATE

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

REGISTER OF DEED'S SIGNATURE

DATE

Recording area

Name and return address:

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. (You must provide a copy of the document establishing survivorship marital property.)

PARCEL IDENTIFICATION NUMBER

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

This document number is _____, volume _____, page _____ of (check one) Records _____ Deeds _____.

This document number is _____, volume _____, page _____ of (check one) Records _____ Deeds _____.

Description of the real estate.

Include only the extent of ownership (or vendor or mortgagee's interest) in land at the time of the decedent's death. If the extent of land is exactly the same as on the document, a copy of that document may be attached to describe the real estate. Attach tax bill(s) for year immediately preceding death, if applicable. (See directions.) The legal description of the property and the persons receiving the property are as follows: (If more space is needed, attach pages.)

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 of Person(s) Receiving Property	Relationship to Decedent	Signature (Notarized)	Date

STATE OF WISCONSIN, County of _____

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

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 1/2001