

After Recording Return To (Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parcel # \_\_\_\_\_

**TRANSFER ON DEATH DEED AFFIDAVIT**

I (We), \_\_\_\_\_, being duly sworn upon his/her/their  
oath state(s) as follows: \_\_\_\_\_ died on  
(Decedent Name)  
\_\_\_\_\_ in \_\_\_\_\_, \_\_\_\_\_.  
(Date) (County) (State)

I am (We are) the surviving beneficiary(ies) named on the Transfer on Death Deed dated \_\_\_\_\_,  
recorded on \_\_\_\_\_ as Document # \_\_\_\_\_.

The legal description of the real property covered by said Transfer on Death Deed is as follows:

As a consequence of that Transfer on Death Deed, I am/we are entitled to ownership of all right, title and interest  
owned by \_\_\_\_\_ in the above described real property on the  
(Decedent Name)  
date of his/her death.

\_\_\_\_\_  
Signature of party recording affidavit

\_\_\_\_\_  
Signature of party recording affidavit

\_\_\_\_\_  
Printed name of party recording affidavit

\_\_\_\_\_  
Printed name of party recording affidavit

STATE OF MONTANA )  
                                  ) ss  
COUNTY OF RAVALLI )

This instrument was acknowledged before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
by \_\_\_\_\_.  
Name(s) of person(s) whose signature(s) is/are being witnessed

(Seal)

\_\_\_\_\_  
Notary Public for the State of Montana

\_\_\_\_\_  
Printed Name of Notary Public

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_