

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):

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.

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 \_\_\_\_\_.

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

THIS INSTRUMENT DRAFTED BY:  
 \_\_\_\_\_  
 \_\_\_\_\_

**ACKNOWLEDGMENT**

STATE OF WISCONSIN )  
 ) ss.  
 \_\_\_\_\_ COUNTY )

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.

\* \_\_\_\_\_  
 Notary Public, State of Wisconsin  
 My Commission (is permanent) (expires: \_\_\_\_\_)

Recording Area

Name and Return Address

Parcel Identification Number (PIN)  
 This \_\_\_\_\_ homestead property.  
 (is) (is not)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

\* Type name below signatures.