

**TERMINATION OF DECEDENT'S
PROPERTY INTEREST**

Use black ink

| | | | |
|--------------------------------------|---------------|----|-----|
| 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

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 interest in property.)
- s. 867.046 which pertains to property of a decedent specified in a marital property agreement; survivorship marital property; beneficiary of a transfer under s. 705.15; or a third party confirmation. (You must provide a copy of the document establishing interest in property.)

Name and return address:

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| |

Parcel Identification Number

Presentation of recorded document establishing 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 (List all remaindermen/ beneficiaries) | Applicant's Interest in Property | Applicant Signature(Notarized) (Print or type name below signature) | 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):

NOTE: SEE DIRECTIONS.
Wisconsin Register of Deeds
Association Form HT-110
Website Version 05/2006

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:

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