

Return Document to:

\_\_\_\_\_  
Owner's Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

**Revocable Transfer on Death Deed**  
(One Primary and Alternative Beneficiary)

You may want to consult with a lawyer before using this form. This form must be recorded with the clerk and recorder in the county where the real property is located, before your death, or it will not be effective.

**IDENTIFYING INFORMATION**

Owner or Owners of property making this deed:

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Mailing Address

Legal description of the property:

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

**PRIMARY BENEFICIARY**

I designate the following beneficiary if the beneficiary survives me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address (if available, otherwise use owner's address)

**ALTERNATE BENEFICIARY**

If the primary beneficiary does not survive me, I designate the following alternate beneficiary if that beneficiary survives me.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address (if available, otherwise use owner's address)

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TRANSFER ON DEATH

At my death, I transfer my interest in the described property to the beneficiary(ies) as designated above. Before my death, I have the right to revoke this deed.

SIGNATURE OF OWNER OR OWNERS MAKING THIS DEED

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

State of Montana

County of \_\_\_\_\_

This instrument was acknowledged before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

by \_\_\_\_\_.

*Print name of owner(s)*

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