

# TERMINATION OF DECEDENT'S INTEREST

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

**THE INTEREST OF THE DECEDENT IN THE PROPERTY LEGALLY DESCRIBED HEREIN IS TERMINATED PURSUANT TO THE FOLLOWING WISCONSIN STATUTE AND TRANSFERRED AS PROVIDED BY STATUTES:**

- 867.045** – real property in which the decedent was a joint tenant, had a vendor's or mortgagee's interest, or had a life estate.
- 867.046** - property of a decedent specified in a marital property agreement, survivorship marital property; a third party confirmation; or a nonprobate transfer on death as described in 705.10(1) or 705.15.

Recording Area \_\_\_\_\_  
Name and Return Address: \_\_\_\_\_

**DOCUMENT UNDER WHICH DECEDENT'S INTEREST IN THE PROPERTY IS NOW TERMINATED – Copy(ies) of which is/are attached:**

Recorded Document No. \_\_\_\_\_ Volume \_\_\_\_\_ Page \_\_\_\_\_

Deed  Transfer on Death  Land Contract  Mortgage

Other \_\_\_\_\_

Unrecorded Document:

Marital Property Agreement  Other \_\_\_\_\_

Parcel Identification Number: \_\_\_\_\_  
**SEND TAX STATEMENT TO:** \_\_\_\_\_

**DESCRIPTION OF THE PROPERTY TRANSFERRED (check all that apply):**

- REAL PROPERTY - legal description as set forth in the attached/referenced and previously recorded document
- REAL PROPERTY - current legal description *if different* than the foregoing document
- NON-REAL PROPERTY – property identified in the attached document, inc. digital property, bank accounts and securities

<p><b>Name(s) and address of owner(s) of the property immediately after the decedent's death; <u>attach additional names &amp; addresses</u> if more than one owner.</b></p>	<p><b>Interest of the signer of this document in the property:</b></p> <p><input type="checkbox"/> joint tenant <input type="checkbox"/> remainder person if a life estate</p> <p><input type="checkbox"/> mortgagee <input type="checkbox"/> land contract vendor</p> <p><input type="checkbox"/> decedent's spouse <input type="checkbox"/> beneficiary of a marital property agreement</p> <p><input type="checkbox"/> beneficiary of a transfer under 705.10(1) or 705.15</p> <p><input type="checkbox"/> other: _____</p>
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**DECLARATION:** To the best of undersigned's knowledge and belief, the undersigned declares that this document is true, accurate, complete and in conformity with the provisions and limitations of the Wisconsin Statutes.

DATE: \_\_\_\_\_

**DECLARANT SIGNATURE**

**X** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**ACKNOWLEDGMENT**

STATE OF WISCONSIN )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_ personally came before me on \_\_\_\_\_, to me known to be the person(s) who executed this document and acknowledged the same.

**THIS DOCUMENT WAS DRAFTED BY:**

\_\_\_\_\_

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