

# Death Deed Transfer Form

## Deceased Owner Information

Full Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Last Known Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## Property Details

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Property Identification Number (if applicable): \_\_\_\_\_

## Beneficiary Information

Full Name: \_\_\_\_\_

Relationship to Deceased: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

## Transfer Details

Reason for Transfer:  Will  Probate Order  Trust

Effective Date of Transfer: \_\_\_\_\_

## Supporting Documentation (Attach Copies)

Death Certificate

Will/Trust Document

Probate Court Order

Other: \_\_\_\_\_

**Declaration and Signature**

I hereby confirm the above information is accurate to the best of my knowledge.

**Signature of Beneficiary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only**

**Verified By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_