

Recording Requested By:

When Recorded Mail This Deed To:

Name:

Address:

Assessor's Parcel Number:

*Space Above For Recorder's Use*

## REVOCATION OF REVOCABLE TRANSFER ON DEATH (TOD) DEED

(California Probate Code Section 5600)

This deed revocation is exempt from documentary transfer tax under Rev. & Tax. Code §11930. This deed revocation is exempt from preliminary change of ownership report under Rev. & Tax. Code § 480.3.

### IMPORTANT NOTICE: THIS FORM MUST BE RECORDED TO BE EFFECTIVE

This revocation form **MUST** be RECORDED on or before 60 days after the date it is notarized or it will not be effective. This revocation form only affects a transfer on death deed that **YOU** made. A transfer on death deed made by a co-owner of your property is not affected by this revocation form. A co-owner who wants to revoke a transfer on death deed that they made must complete and RECORD a SEPARATE revocation form.

### PROPERTY DESCRIPTION

Print the legal description of the property affected by this revocation:

### REVOCATION

I revoke any TOD deed to transfer the described property that I executed before executing this form.

### SIGNATURE AND DATE

Sign and print your name below (your name should exactly match the name shown on your title documents):

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Typed or Printed Name

### WITNESSES

To be valid, this form must be signed by two persons, both present at the same time, who witness your signing of the form or your acknowledgment that it is your form. The signatures of the witnesses do not need to be acknowledged by a notary public.

\_\_\_\_\_ Witness #1 Please Print and Sign Your Name

\_\_\_\_\_ Witness #2 Please Print and Sign Your Name

## ACKNOWLEDGMENT

A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )  
County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_  
(insert name and title of the officer)

personally appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

**(Seal)**

Signature \_\_\_\_\_