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 CERTIFICATION of Death Certificate certificate. | _ | edent's de | eath | |
| REGISTER OF DEEDS SIGNATURE | ATURE DATE | | | Recording area |
| Interest in property is terminated under (please check appropriate statute): | | | | Name and return address: |
| 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; or a third party confirmation. (You must provide a copy of the document establishing interest in property.) | | | | |
| Presentation of recorded document establishing interest in real estate. | | | | Parcel Identification Number |
| | - | | | |
| DOCUMENT # VOLUME/REEL | PAGE/IMAGE | RECORD | 9\DEED9 | |
| Description of the real estate. | | ed | | |
| | | | | |
| Description of personal property (if any) being You may list savings accounts, checking a property. DECLARATION: I(We) declare that this do | ccounts and sec | | | |
| complete and is in conformity with the pro- | visions and limit f more space is | ations of | the Wisconsi | in Statutes. |

Date Name and Address Applicant's Applicant Signature(Notarized) (List all remaindermen/ Interest in Property (Print or type name below signature) beneficiaries) (ie: spouse, remainderman) STATE OF WISCONSIN, County of This document was drafted Subscribed and sworn to before me on: by:(print or type name below) by the above named person(s): Signature of Notary or other person NOTE: SEE DIRECTIONS. authorized to administer an oath (as per Wisconsin Register of Deeds
Association Form HT-110 s 706.06, 706.07) Website Version 03/2007 Print or type name:

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

Title:

Date Commission Expires: