

(Top 3 inches reserved for recording data)

**REVOCATION OF
TRANSFER ON DEATH DEED
Minn. Stat. 507.071**

**Minnesota Uniform Conveyancing Blanks
Form 10.8.10 (2011)**

DATE: _____
(month/day/year)

The undersigned Grantor Owner(s) hereby revoke(s) the transfer on death deed
recorded on _____, as Document Number _____
(month/day/year)

(or in Book _____ of _____ Page _____),
in the Office of the County Recorder Registrar of Titles of _____
(check the applicable box)

County, Minnesota, affecting real property legally described as follows:

Check here if all or part of the described real property is Registered (Torrens)

together with all hereditaments and appurtenances belonging thereto.

**NOTE: Pursuant to Minn. Stat. 507.071, subd. 10, this revocation must be
recorded before the death of the Grantor Owner(s) who executed this instrument.**

Grantor Owner(s)

(signature)

(signature)

State of Minnesota, County of _____

This instrument was acknowledged before me on _____, by
(month/day/year)

(insert name of Grantor Owner(s))

(Stamp)

(signature of notarial officer)

Title (and Rank): _____

My commission expires: _____
(month/day/year)

THIS INSTRUMENT WAS DRAFTED BY:
(insert name and address)