APPLICATION FOR THE TERMINATION OF DECEDENT'S INTEREST AND CONFIRMATION OF APPLICANT'S INTEREST IN PROPERTY

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

PRESENTATION OF DEATH CERTIFICATE
I certify that I have viewed a certified copy of the decedent's death certificate.

REGISTER OF DEEDS SIGNATURE _____ DATE _____

Recording area

Name and return address:

THE INTEREST OF THE DECEDENT IN THE PROPERTY NOTED HEREIN IS HEREBY TERMINATED/CONFIRMED UNDER THE FOLLOWING STATUTE:
(please check appropriate statute)

☐ s. 867.045 which pertains to real 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 the real 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; or a nonprobate transfer on death as described in s.705.10(1).
(You must provide a copy of the document establishing interest in property.)

Parcel Identification Number
SEND TAX STATEMENT TO:

Presentation of recorded document establishing interest in real estate.

DOCUMENT # VOLUME/REEL PAGE/IMAGE RECORDS/DEEDS

Description of the real estate. ☐ **See Attached**

Description of personal property (if any) being transferred.
You may list savings accounts, checking accounts and securities on attached pages. Indicate person(s) receiving property.
DECLARATION: I(We) declare that this document is, to the best of my(our) knowledge and belief, true, correct and complete and is in conformity with the provisions and limitations of the Wisconsin Statutes.

Name and Address (List all remaindermen/ beneficiaries. If more space is needed, attach pages.)	**Applicant's Interest in Property** (ie: spouse, remainderman, beneficiary)	**Applicant Signature (Notarized)** (Print or type name below signature)	**Date**

This document was drafted by: *(print or type name below)*

_____

STATE OF WISCONSIN, County of _____
Subscribed and sworn to before me on: _____
by the above named person(s): _____

Signature of Notary or other person authorized to administer an oath (as per s 706.06, 706.07) _____
Print or type name: _____
Title: _____ Date Commission Expires: _____

NOTE: SEE DIRECTIONS.
Wisconsin Register of Deeds Association Form HT-110
Website Version 05/2010

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