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

<table>
<thead>
<tr>
<th>DECEDEENT’S NAME</th>
<th>DATE OF DEATH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>ADDRESS OF DECEDEENT AT DATE OF DEATH</th>
<th>CITY</th>
<th>ST</th>
<th>ZIP</th>
</tr>
</thead>
</table>

### PRESENTATION OF DEATH CERTIFICATE

I certify that I have viewed a certified copy of the decedent’s death certificate.

<table>
<thead>
<tr>
<th>REGISTER OF DEEDS SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>

### THE INTEREST OF THE DECEDEENT IN THE PROPERTY NOTED HEREIN IS HEREBY TERMINATED/CONFIRMED UNDER THE FOLLOWING 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:

### 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.

<table>
<thead>
<tr>
<th>Name and Address</th>
<th>Applicant’s Interest in Property</th>
<th>Applicant Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List all remaindermen/beneficiaries, if more space is needed, attach pages.)</td>
<td>(IE: spouse, remainderman, beneficiary)</td>
<td>(Print or type name below signature)</td>
<td></td>
</tr>
</tbody>
</table>

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.