TERMINATION OF DECEDENT'S PROPERTY INTEREST

Use black ink

<table>
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<tr>
<th>DECEDENT’S NAME</th>
<th>DATE OF DEATH</th>
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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:

Parcel Identification Number

Interest in property is terminated under (please check appropriate statute):

☐ 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; beneficiary of a transfer under s. 705.15; 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.

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. (If more space is needed, attach pages.)

Name and Address Applicant’s Interest in Property Signature(Notarized) 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 04/2006

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