

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL DOCUMENT AND TAX STATEMENT TO:

NAME

STREET ADDRESS

CITY, STATE & ZIP CODE

TITLE ORDER NO.

ESCROW NO.

SPACE ABOVE THIS LINE FOR RECORDER'S USE ONLY

**REVOCATION OF REVOCABLE TRANSFER ON DEATH (TOD) DEED**  
(California Probate Code Section 5642)

**ASSESSOR'S PARCEL NUMBER:**

This document is exempt from documentary transfer tax under Revenue & Taxation Code 11930.

This document is exempt from preliminary change of ownership report under Revenue & Taxation Code 480.3.

**IMPORTANT NOTICE: THIS FORM MUST BE RECORDED TO BE EFFECTIVE**

This revocation form **MUST** be RECORDED on or before 60 days after the date it is notarized or it will not be effective. This revocation form only affects a transfer on death deed that **YOU** made. A transfer on death deed made by a co-owner of your property is not affected by this revocation form. A co-owner who wants to revoke a transfer on death deed that they made must complete and RECORD a SEPARATE revocation form.

**PROPERTY DESCRIPTION** Print the legal description of the residential property affected by this revocation:

**REVOCATION:** I revoke any TOD deed to transfer the described property that I executed before executing this form. Sign and print your name below (your name should exactly match the name shown on your title document(s)):

Date

Typed or Printed Name of Grantor

Signature of Grantor

**WITNESSES** To be valid, this form must be signed by two persons, both present at the same time, who witness your signing of the form or your acknowledgment that is your form. The signatures of the witnesses do not need to be acknowledged by a notary public.

Printed Name Witness #1 \_\_\_\_\_ Signature Witness #1 \_\_\_\_\_

Printed Name Witness #2 \_\_\_\_\_ Signature Witness #2 \_\_\_\_\_

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_,  
(Date) (Name and title of the officer)

personally appeared \_\_\_\_\_, who proved to me on the basis of  
(Name of person signing)

satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), and that by their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_

(Seal)