TRANSFER ON DEATH TO BENEFICIARY

Use black ink

<table>
<thead>
<tr>
<th>DECEDE NT'S NAME</th>
<th>DATE OF DEATH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

ADDRESS OF DECEDE NT AT DATE OF DEATH

<table>
<thead>
<tr>
<th>CITY</th>
<th>ST</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
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PRESENTATION OF DEATH CERTIFICATE
I certify that I have viewed a certified copy of the decedent's death certificate.

__________________________  __________________
REGISTER OF DEEDS SIGNATURE  DATE

THE INTEREST OF THE DECEDE NT IN THE PROPERTY NOTED HEREIN IS HEREBY TRANSFERRED UNDER THE FOLLOWING STATUTE:
s.867.046 which pertains to nonprobate transfer of real property under 705.15. An interest in real property may be transferred without probate to a designated TOD beneficiary on the death of the sole owner or last to die of multiple owners. (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

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(Notarized)</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List all beneficiaries. If more space is needed, attach pages.)</td>
<td>(ie: beneficiary)</td>
<td>(Print or type name below signature)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</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 TOD-110
Website Version 05/2010

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