



**LORI KENNEDY**

Montgomery County Recorder

451 West Third Street  
Dayton, Ohio 45422-1387

[www.mcohio.org](http://www.mcohio.org)

937/225-4275  
Fax 937/225-5980

[www.mcrecorder.org](http://www.mcrecorder.org)

## **Affidavit of Confirmation Form**

The attached form is provided as a service to the public. This form is believed to be correct but may need to be modified to meet the circumstances of your particular situation. In addition, the following form may not address all matters concerning the property in question, and the affiant may need to draft their own form to address specific issues or contact an attorney for legal assistance.

The Recorder's Office staff **CANNOT** provide legal advice.

**The form MUST comply with the criteria set forth in the pertinent sections of the Ohio Revised Code.**

**To complete and record this form, you will need the following information:**

1. A copy of the recorded Transfer on Death Designation Affidavit. \*
2. Auditor's Parcel Number.
3. Name(s) of beneficiary/beneficiaries.
4. Copy of the deceased's Death Certificate
5. Recording Fees Effective April 1, 2025 - \$39.00 for the 1<sup>st</sup> 2 pages, plus \$8.00 for each additional page.

\*Copies of deeds can be obtained in the Recorder's Office copy center or electronically at [mcrecorder.org](http://mcrecorder.org) for deeds recorded from 1980 to the present.

**REMINDER:** Once recorded, this form becomes a legal government document. Falsification on such document may lead to prosecution.

STATE of OHIO )  
COUNTY OF MONTGOMERY )

**AFFIDAVIT OF CONFIRMATION  
BY TRANSFER ON DEATH BENEFICIARY**  
[O.R.C Section 5302.222]

\_\_\_\_\_, being first duly sworn states as follows:  
(Affiant's Name Printed)

1. That \_\_\_\_\_ was the owner of property subject to a duly recorded  
(Name of Deceased)

Transfer on Death Designation Affidavit. Said instrument was recorded on \_\_\_\_\_ in  
(Date TOD was recorded)  
Deed Record File Number \_\_\_\_\_.  
(Reference # of TOD)

2. Said real property is described as follows: ATTACH LEGAL DESCRIPTION

Parcel ID#: \_\_\_\_\_

Property Address: \_\_\_\_\_

3. That \_\_\_\_\_ died on \_\_\_\_\_ and a copy of said  
(Name of Deceased) (Date of Death)  
Certificate of Death is attached hereto.

4. The names, interest and type of tenancy for each designated Transfer on Death Beneficiary which survived the deceased owner are as follows:

Name of Beneficiary	Undivided or Fractional Interest	Type of Tenancy
	To Each Beneficiary	

1.

2.

3.

4.

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**AFFIANT**

STATE of \_\_\_\_\_

COUNTY of \_\_\_\_\_, SS:

BE IT REMEMBERED, that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before  
(day) (month) (year)  
me, the subscriber, a Notary Public in and for said state, personally came \_\_\_\_\_  
(affiant's name)  
who under penalty of perjury in violation of Section 2921.11 of the Ohio Revised Code, represented to  
me to be said persons, who acknowledged and executed the foregoing instrument as their voluntary act  
and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my official seal on  
the day and year last aforesaid.

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**NOTARY PUBLIC**

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**NOTARY NAME PRINTED**

My Commission Expires \_\_\_\_\_

This instrument was prepared by: