



LORI KENNEDY

Montgomery County Recorder

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Transfer on Death Designation Affidavit Form

(BY JOINT AND SURVIVORSHIP OWNERS)

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 current deed. *
2. Auditor's Parcel Number.
3. Name and address of beneficiary/beneficiaries.
4. Recording Fees Effective April 1, 2025 - \$39.00 for the 1st 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 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)

**TRANSFER ON DEATH DESIGNATION AFFIDAVIT
BY JOINT AND SURVIVORSHIP OWNERS**

[O.R.C Section 5302.22]

The undersigned, _____ and _____,
(name) (name)
hereinafter called "Owners", being first duly sworn according to law, state as follows:

1. Owners, (married) are the owners of record at the time of filing of this affidavit of the following
real property located at _____
(address)

(hereinafter referred to as the "Property") as recorded as Deed # _____ of the
(File #)
Montgomery County deed records:

LEGAL DESCRIPTION

Parcel ID#: _____

2. Title of record to the above Property is held by the Owners in joint and survivorship form.

3. Owners hereby designate their entire undivided interest owned by them in the Property for transfer
on death to the persons named below, as transfer on death beneficiaries, to receive the title of Owners upon
and after the death of **both** Owners as follows:

Name & City/State of Beneficiary

Percent of Interest
To Each Beneficiary

Type of Tenancy
(In Common or Survivorship)

1.

2.

3.

4.

4. The undersigned Owners understand and acknowledge that after the death of one of the Owners, the surviving Owner has the right to revoke or modify this Transfer on Death Designation Affidavit.

5. This Affidavit, and the beneficiary designations set forth herein, hereby revokes, replaces and supersedes any prior beneficiary designations by Owners, whether by deed or affidavit, related to the above-designated real Property.

Affiant's Signature

Affiant's Signature

Affiant's Name Printed

Affiant's Name Printed

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)
and _____ who under penalty of perjury in violation of Section 2921.11 of
(affiant's name)
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.

NOTARY PUBLIC

NOTARY NAME PRINTED

My Commission Expires _____

This instrument was prepared by: