

**APPLICATION FOR THE  
TERMINATION OF DECEDENT'S INTEREST  
AND CONFIRMATION OF APPLICANT'S INTEREST IN PROPERTY**

DECEDENT'S NAME	DATE OF DEATH		
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.

\_\_\_\_\_ DATE \_\_\_\_\_

REGISTER OF DEEDS SIGNATURE

*Recording area*

**THE INTEREST OF THE DECEDENT IN THE PROPERTY NOTED HEREIN IS HEREBY TERMINATED/CONFIRMED UNDER THE FOLLOWING STATUTE:**  
(please check appropriate statute)

s. 867.045 which pertains to real 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 the real property.)

s. 867.046 which pertains to property of a decedent specified in a marital property agreement; survivorship marital property; or a third party confirmation; or a nonprobate transfer on death as described in s.705.10(1). (You must provide a copy of the document establishing interest in property.)

Name and return address:

**Presentation of recorded document establishing interest in real estate.**

DOCUMENT #      VOLUME/REEL      PAGE/IMAGE      RECORDS/DEEDS

Parcel Identification Number  
**SEND TAX STATEMENT TO:**

**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.

Name and Address (List all remaindermen/ beneficiaries. If more space is needed, attach pages.)	Applicant's Interest in Property (ie: spouse, remainderman, beneficiary)	Applicant Signature (Notarized) (Print or type name below signature)	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):

**NOTE: SEE DIRECTIONS.**  
Wisconsin Register of Deeds  
Association Form HT-110  
Website Version 05/2010

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: \_\_\_\_\_

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