REVOCATION OF TRANSFER ON DEATH DEED

NOTICE TO OWNER

This revocation must be recorded before you die or it will not be effective. This revocation is effective only as to the interests in the property of owners who sign this revocation.

IDENTIFYING INFORMATION

Owner or Owners of Property Making This Revocation

_____	_____
Printed Name	Mailing Address
_____	_____
Printed Name	Mailing Address

REVOCATION

I revoke all my previous transfers of this property by transfer on death deed.

ADDRESS OF PROPERTY:

_____

See attached Schedule "A" Description attached hereto.

SIGNATURE OF OWNER OR OWNERS MAKING THIS REVOCATION

_____		_____	
Owner	Date	Owner	Date

SIGNATURE OF WITNESSES

_____		_____	
Signature of Witness	Date	Signature of Witness	Date

STATE OF NEW YORK)
COUNTY OF)

On the _____ day of _____ , before me the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or person upon behalf of which the individual acted, executed the instrument.

_____
Notary Public

STATE OF NEW YORK)
COUNTY OF)

On the _____ day of _____, before me the undersigned, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence, to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, and that by his/her signature on the instrument, the individual or person upon behalf of which the individual acted, executed the instrument.

_____
Notary Public