

1010 E. 704



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Tx:40272127

State Bar of Wisconsin Form 9-2009
DESIGNATION OF TOD BENEFICIARY
Under Wis. Stat. § 705.15

Document Number

Document Name

DOC. # 10789357

RECORDED:
06/27/2018 01:46 PM
JOHN LA FAVE
REGISTER OF DEEDS
MILWAUKEE COUNTY, WI
AMOUNT: 30.00
FEE EXEMPT #: 77.25 (10M)
TRANSFER TAX:

THIS DESIGNATION is made by F. Richard Toth and Judith A. Toth, as joint tenants,

_____ (collectively, "Owner") of the following described real estate located in Milwaukee County, State of Wisconsin (the "Property") (attach Exhibit A if more space is needed):

Lot Twelve (12) in Block Two (2) in Fox Point Subdivision, being a Subdivision of a part of the South West One-quarter (1/4) of Section Nine (9), in Township Eight (8) North, Range Twenty-two (22) East, in the Village of Fox Point, County of Milwaukee, State of Wisconsin.

Owner transfers the Property without probate upon death of the sole owner, or upon the last to die of multiple owners, to the following TOD beneficiary, without warranties:

Select A or B:

Susan E. Toth

A. Insert name of beneficiary, whether one or more. This revokes all previous TOD beneficiary designations.

B. The sole purpose of this instrument is to revoke all previous TOD beneficiary designations.

Recording Area

Name and Return Address

Attorney Matthew J. Linn
2327 N. Murray Avenue
Milwaukee WI 53211

059-0246-000

Parcel Identification Number (PIN)

This is homestead property.
(is) (is not)

This designation is effective only upon the recording of this instrument.

This transaction is Fee Exempt under Wis. Stat. § 77.25(10m)

Dated: June 19, 2018

F. Richard Toth (SEAL)

* F. Richard Toth

Judith A. Toth (SEAL)

* Judith A. Toth

ACKNOWLEDGMENT

Signature(s) of F. Richard Toth and Judith A. Toth

authenticated on June 19, 2018

Matthew J. Linn
* Attorney Matthew J. Linn

TITLE: MEMBER STATE BAR OF WISCONSIN

(If not, _____
authorized by Wis. Stat. § 706.06)

THIS INSTRUMENT DRAFTED BY:

Attorney Matthew J. Linn

STATE OF WISCONSIN)
) ss.
_____ COUNTY)

Personally came before me on _____,
the above-named _____

to me known to be the person(s) who executed the foregoing instrument and acknowledged the same.

* _____
Notary Public, State of Wisconsin
My Commission (is permanent) (expires: _____)

(Signatures may be authenticated or acknowledged. Both are not necessary.)

NOTE: THIS IS A STANDARD FORM. ANY MODIFICATIONS TO THIS FORM SHOULD BE CLEARLY IDENTIFIED.
DESIGNATION OF TOD BENEFICIARY STATE BAR OF WISCONSIN FORM NO. 9-2009

* Type name below signatures.