

Return Document to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

### Affidavit of Death

I, \_\_\_\_\_, being first duly sworn, upon oath, depose and say the following:  
(Name of Beneficiary)

1. \_\_\_\_\_ signed and recorded a beneficiary deed with the intent to convey the  
(Name of Grantor)

following property located in \_\_\_\_\_, Montana described as follows:  
(Name of County)

\_\_\_\_\_

2. The beneficiary deed was recorded in \_\_\_\_\_ County on \_\_\_\_\_,  
Book \_\_\_\_\_, Page \_\_\_\_\_, Instrument Number \_\_\_\_\_.  
(Month) (Day) (Year)

3. The grantor died on \_\_\_\_\_,  
(Month) (Day) (Year)

At the time of death, the grantor had not revoked the above described beneficiary deed.

4. The following person(s) is/are the person(s) named as the grantee beneficiary(ies) under the beneficiary deed described above, and are entitled to succeed to the grantor's interest in the real property described above as a result of the grantor's death:

(Grantee Beneficiary Name): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(Date) (Month)

State of Montana County of \_\_\_\_\_

This instrument was signed before me on \_\_\_\_\_

by. \_\_\_\_\_  
*Print name of signer(s)*

\_\_\_\_\_  
*Signature of signer(s)*

\_\_\_\_\_  
*Notary Signature*

**[Montana notaries must complete the following, if not part of stamp.]**

\_\_\_\_\_  
*Printed Name*

Notary Public for the State of Montana  
Residing at \_\_\_\_\_

My Commission expires: \_\_\_\_\_, 20\_\_\_\_

**Affix seal/stamp as close to signature as possible.**