Return Document to:	
Name	
Mailing Address	
City, State, Zip	
Affidavit of Death	
I,(Name of Beneficiary)	, being first duly sworn, upon oath, depose and say the following:
1.	signed and recorded a beneficiary deed with the intent to convey the
(Name of Grantor)	
following property located in(Name of County)	, Montana described as follows:
2. The beneficiary deed was recorded in Book, Page, Instrument Number 3. The grantor died on, (Month) (Day) (Year)	County on,,,,,,,,,,,,,
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) und 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	
Signature of signer(s)	
	Notary Signature
	[Montana notaries must complete the following, if not part of stamp.]
Affix seal/stamp as close to signature as possible.	Printed Name
	Notary Public for the State of Montana Residing at
	My Commission expires:, 20