

Columbiana County Clerk of Courts
Title Division
Anthony J. Dattilio, Clerk of Courts

Transfer-on-death of a Motor Vehicle
Watercraft or Outboard Motor

Informational facts about Transfer-on-death beneficiary designation

As the sole owner of the motor vehicle, watercraft or outboard motor, I do hereby intend and declare that upon my death, I am willingly designating this vehicle to a beneficiary or beneficiaries.

I understand that the designated beneficiary or beneficiaries will be listed on the certificate of title for the item above as "transfer-on-death" beneficiary or beneficiaries. I understand that the designation of a transfer-on-death beneficiary or beneficiaries on a certificate of title has no effect on my ownership of the above item and that I may cancel or change the designation at any time without the consent of the transfer-on-death beneficiary or beneficiaries.

I further understand that upon my death, the ownership of the vehicle passes to the transfer-on-death beneficiary or beneficiaries who survive me, and if no designated transfer-on-death beneficiary or beneficiaries survives me, the item must be included in my probate estate. I also understand that any transfer to a transfer-on-death beneficiary or beneficiaries as a result of this affidavit is not testamentary and that the designation of transfer-on-death beneficiary or beneficiaries does not limit the rights of any creditor of the owner of the item against any transfer-on-death beneficiary or beneficiaries or other transferees.

Anthony J. Dattilio
Columbiana County Clerk of Courts

**AFFIDAVIT FOR DESIGNATION OF BENEFICIARY OR BENEFICIARIES BY THE SOLE OWNER
 FOR A MOTOR VEHICLE, WATERCRAFT OR OUTBOARD MOTOR CERTIFICATE OF TITLE.
 ORC. 2131.13(A)**

I being first duly sworn, state as follows:

I _____ being sole owner of the vehicle, watercraft or outboard

Motor described, Year _____ Make _____

VIN/MIN _____ Title number _____

Do designate this vehicle, watercraft or outboard motor to:

BENEFICIARY FULL LEGAL NAME	SSN
ADDRESS	DATE OF BIRTH
BENEFICIARY FULL LEGAL NAME	SSN
ADDRESS	DATE OF BIRTH
BENEFICIARY FULL LEGAL NAME	SSN
ADDRESS	DATE OF BIRTH

Sworn to before me in the State of _____ and the Country of _____

On this _____ day of _____ 20_____

Applicant/Owner Signature **X** _____

Notary/Deputy Signature **X** _____

My Commission expires on _____