



WYOMING AUTOMATIC TRANSFER OF A VEHICLE TITLE UPON DEATH TO BENEFICIARY DESIGNATION FORM

The form shall be recorded in the office of the county clerk in the county where the vehicle is titled. Wyoming State Statute § 31-2-104.1

Vehicle Identification Number*																																	
Year*				Make*				Model*																									
Title Owner: Last, First Name*																																	
Address*								City*				ST*		Zip*																			
Email								Phone Number*																									
Additional Title Owner/s (if applicable): Last, First Name																																	
Email								Phone Number																									
DESIGNATION OF TRANSFER ON DEATH TO BENEFICIARY- LEGAL NAME OR LEGAL ENTITY INFORMATION																																	
Grantee beneficiary designated by the owner upon death of the last surviving owner named above unless this form has been revoked, or ownership was previously transferred, and subject to all liens, transferred on death to:																																	
Last, First Name or Legal Entity*				DOB*		Phone Number*				Email																							
Last, First Name or Legal Entity				DOB		Phone Number				Email																							
Last, First Name or Legal Entity				DOB		Phone Number				Email																							
<p>I/We do hereby acknowledge under penalty of perjury that I/we are the titled owner of the vehicle. This form will be revoked if there is a name change, or an owner is added to the vehicle title from the original filing of this form.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> <td style="width: 33%; border: none;">_____</td> </tr> <tr> <td style="border: none;">Legal Owner Signature</td> <td style="border: none;">Printed Name</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Legal Owner Signature (if applicable)</td> <td style="border: none;">Printed Name</td> <td style="border: none;">Date</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">Legal Owner Signature (if applicable)</td> <td style="border: none;">Printed Name</td> <td style="border: none;">Date</td> </tr> </table>																_____	_____	_____	Legal Owner Signature	Printed Name	Date	_____	_____	_____	Legal Owner Signature (if applicable)	Printed Name	Date	_____	_____	_____	Legal Owner Signature (if applicable)	Printed Name	Date
_____	_____	_____																															
Legal Owner Signature	Printed Name	Date																															
_____	_____	_____																															
Legal Owner Signature (if applicable)	Printed Name	Date																															
_____	_____	_____																															
Legal Owner Signature (if applicable)	Printed Name	Date																															

The Acknowledgement below must be completed.

Subscribed and sworn to before me by (printed owner name(s)) _____

In the State of _____ County of _____ this _____ day of _____ 20_____.

Notary Public

Commission Expiration Date

(seal)

*Required data fields