Thank you for using Ohio Legal Help!

This page will walk you through the process of filling out and filing this form.

What this file contains

This file contains the form you will need to file for a **transfer on death affidavit for a motor vehicle** in Ohio.

This form should be filed in your County Clerk of Courts Title Office.

Note for married people: After you die, your living spouse can transfer an unlimited number of cars worth up to \$65,000 total using the BMV "Surviving Spouse Affidavit" without a TOD.

Here's what to do next.

Step 1. Set aside enough time

This form can be filled out on your phone, but it is easier to fill out on a computer.

Step 2. Take the form to a notary

Print out the form, but don't sign anything yet. You will need to sign it in front of a notary. The notary will check your identification, watch you sign and stamp where needed with an official seal. You can find notaries at banks and some courthouses and libraries, or search for "notaries near me" on Google.

Step 3. Make photocopies

After the notary stamps your document, make at least one photocopy for your records.

Step 4. File

Take the form to the County Court of Clerks Title Office to be filed. When you submit the form, they will reissue a title that includes your TOD. Check your Clerk's website to see the cost for issuing a new title.



OHIO DEPARTMENT OF PUBLIC SAFETY OHIO BUREAU OF MOTOR VEHICLES

TRANSFER ON DEATH BENEFICIARY DESIGNATION / REMOVAL AFFIDAVIT

Ohio Revised Code section 2131.13

This form is used to add and/or remove a tran	nsfer on death ber	neficiary. Please only check or	ne box for the action	you are taking.
☐ DESIGNATION		☐ REMOVAL		
An individual with sole ownership or two personal watercraft, or outboard motor, all-purpose veh designate/remove one or more beneficiaries of	nicle, off-highway		- :	
I / We,(PRINTED NAME)		being the sole owner or the	joint owners with ri	ght of survivorship of the
vehicle, watercraft, outboard motor, all-purpos		nighway motorcycle described	in this form, do des	ignate/remove the
following beneficiaries for this property:				
BENEFICIARY FULL LEGAL NAME		SSN		DATE OF BIRTH
BENEFICIARY FULL LEGAL NAME		SSN		DATE OF BIRTH
BENEFICIARY FULL LEGAL NAME		SSN		DATE OF BIRTH
VIN / HIN / MIN			YEAR	
MAKE	MODEL		BODY TYPE	
APPLICANT(S) / OWNER(S) SIGNATURE				DATE
X				
Notary:				
Sworn to and subscribed in my presence this	day of _	, 2	20 in	County,
State of	_ ,			, ,
State of	·			
(Notary Seal)				
Y		Λ.	Лу commission expi	res
X Signature of Notary Public or other Authorize	d Officer by law	IV	ny commission expi	