

TRANSFER ON DEATH INSTRUMENT

OWNERS NAME AND ADDRESS AND

TAXES TO:

MAUREEN M. GAVONI

10552 LYNN DRIVE ORLAND PARK, IL 60467 Doc#: 1535222008 Fee: \$40.00

RHSP Fee: \$9.00 RPRF Fee: \$1.00

Karen A. Yarbrough

Cook County Recorder of Deeds
Date: 12/18/2015 08:21 AM Pg: 1 of 2

BENEFICIARY'S NAME (S) AND ADDRESS(ES)
JOHN DOMINIC GAVONI
13439 W. PWNEE LANE

HOMER GLEN, IL 60491

G/ABIJELLE THERESA GAVONI 1055? LYNN DRIVE ORLAND FARK, IL 60467

THIS TRANSFER ON DEATH INSTRUMENT made this ______ day of ______ day of ______ A.D. 2015, by MAUREEN M. GAVONI, SINGLE WOMAN of the City of ORLAND PARK, County of COOK and State of Illinois, (herein "Owner/Owners") being the tole Owner(s) of the following legally described residential real estate located in Will County, Illinois.

Legal Description:

UNIT 165 IN EAGLE RIDGE CONDOMINIUM UNIT III AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE THAT PART OF THE SOUTHEAST 1/2 OF SECTION 31 TOWNSHIP 36 NORTH RANGE 12 EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS WHICH SURVEY IS ATTACHED AS EXHIBIT A TO THE DECLARATION OF CONDOMINIUM RECORDED IN THE OFFICE OF THE RECORDER OF DEEDS IN COOK COUNTY, ILLINOIS AS DOCUMENT NUMBER 92702267 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

Property Address: 10552 LYNN DRIVE, ORLAND PARK, IL 60467

PIN NUMBER: 27-32-400-029-1106

The Owner(s) being of competent mind and capacity, and waiving and releasing all rights under the homestead exemption laws of the State of Illinois, hereby convey(s) and transfer(s), effective on the death of the Owner last to die, the above described residential real estate, to:

[JOHN DOMINIC GAVONI AND GABRIELLE THERESA GAVONI, AS JOINT TENANTS]

IN WITNESS WHEREOF, the said Owner(s) has/ve hereunto set his/her/their hand(s) and seal(s) the day and year first above written.

Maureen M. Gavoni (SEAL)

MAUREEN M. GAVONI [OWNERS NAME]

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UNOFFICIAL COPY

STATE OF ILLINOIS	})SS
COUNTY OF Will)33
COUNTY OF WIII	1
date thereof signed and presence and that we, a other, have signed our	itnesses, hereby certify that the above Transfer on Death Instrument was on the declared by the Owner(s) as his/her/their Transfer on Death Instrument in our at his/her/their request and in his/her/their presence and in the presence of each names as witnesses thereto, believing to best of our knowledge that the
Owner(s) was were at t	the time of signing of sound mind and memory, and under no undue influence.
	Lodoff 60mg
70-	WITNESS [NAME AND ADDRESS]
	9165.5747431.
•	Bahan Monny Lockport, Il
	WITNESS [NAME AND ADDRESS]
STATE OF ILLINOIS	
COLINITY OF Will)SS OZ
COUNTY OF Will	τ
THAT MAUREEN M. GAwhose name(s) are sub	otary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY AVONI Owner(s) and witnesses personally known to me to be the same person(s) ascribed to the foregoing instrument, appeared before me this day in person and by signed, sealed and delivered the said instrument as their free and voluntary act, ses therein set forth.
	GIVEN UNDER my hand and notarial sea, this 27 day of
	GIVEN UNDER my hand and notarial sea this day of day of , A.D., 2015
	, A.D., 2017
	< Thum illural or
	NOTARY PUBLIC
	My commission expires on
PREPARED BY AND	······································
RETURN TO:	OFFICIAL SEAL AMENDAL B.
Law Office of J.F. Klunk	JAMIE MCDONALD NOTARY PUBLIC - STATE OF ILLINOIS
916 S. State Street	MY COMMISSION EXPIRES:12/05/15
Lockport, IL 60441	
•	
	EXEMPT UNDER PROVISION OF PARAGRAPH E-4
	SECTION 31-45, REAL ESTATE TRANSFER TAX ACT
	DATE, BUYER, SELLEB OR REPRESENTATIVE
	5,112,501