UNOFFICIAL COPYRIGHT

Rosalva Torres
555 Superior Avenue
Calumet City, Illinois 60409

Doc#: 1623247150 Fee: \$44.25 RHSP Fee:\$9.00 RPRF Fee: \$1.00 Karen A.Yarbrough

Cook County Recorder of Deeds Date: 08/19/2016 02:51 PM Pg: 1 of 3

Rosalva Torres
555 Superior Avenue
Calumet City, Illinois 60409

| TRANSFER ON DEATH INSTRUMENT (TODI) | | | | | |
|---|--|--|--|--|--|
| PURSUANT TO §755 ILCS 27/1 6/30Q. (ILLINOIS RESIDENTIAL REAL PROPERTY TRANSFER ON DEATH INSTRUMENT | | | | | |
| THIS TRANSFER ON DEATH IN STRUMENT (hereinafter referred to as a "TODI), which was executed on this | | | | | |
| | | | | | |
| 19 day of 08 in the year of 2016 , by Rosalva Torres DAY OF THE MONTH NAME(S) OF PROPERTY OWNER(S) NAME(S) OF PROPERTY OWNER(S) | | | | | |
| who resice at 555 Superior Avenue Calling University Windows 60409 | | | | | |
| being of sound mind and disposing memory, do here by make, declare and publish this TODI stating as follows: | | | | | |
| That the above referenced property owner(s) is/are the SOLE owner(s) of residential real estate under a duly recorded | | | | | |
| DEED, recorded 08/19/2016 as document in the County of | | | | | |
| Cook , State of Illinois. The residential real estate is legally described as: | | | | | |
| WRITE LEGAL DESCRIPTION (PEDQW OR ATTACH) | | | | | |
| Two Story Single Family Residence, exterior is frame Mason y, 2 full baths, central air conditioner, | | | | | |
| 1 fireplace, 2 car attached garage, basement is partial and unfinished, building square footage 2,225 | | | | | |
| 1 Mephace, 2 car attached garage, bacoment to partial and comments | | | | | |
| | | | | | |
| WITH THE PROPERTY IDENTIFICATION NUMBER (PIN OF: | | | | | |
| 3 0 - 0 7 - 4 1 2 - 0 0 9 - 0 0 0 | | | | | |
| PROPERTY COMMONLY REFERRED TO ADDRESS: | | | | | |
| 555 Superior Avenue | | | | | |
| Calumet City Illinois 60409-3411 | | | | | |
| The owner(s), being of competent mind and capacity, and waiving and releasing all rights under the Homestead Exemption | | | | | |
| of the State of Illinois, do hereby convey and transfer, effective on death of the Owner last to die, the above-described real | | | | | |
| BENEFICIARY DESIGNATION: ATTACH ADDITIONAL AS NEEDED 2 3 | | | | | |
| NAME: Elizabeth Torres Jr. | | | | | |
| ADDRESS: 555 Superior Avenue 555 Superior Avenue | | | | | |
| CITY/STATE Calumet City Illinois 60409 Calumet City Illinois 60409 | | | | | |
| SPECIAL NOTICE. THIS DOCUMENT HAS BEEN PROVIDED AS A COURTESY FROM THE COOK COUNTY RECORDER OF DEEDS | | | | | |
| THIS FORM IS <u>NOT</u> LEGAL ADVICE OR ASSISTANCE WITH YOUR INDIVIDUAL ESTATE PLAN. FURTHERMORE, IT WAS PROVIDED WITHOUT ANY TITLE EXAMINATION OR REVIEW OF YOUR INDIVIDUAL ESTATE. PLEASE CONSULT AN ATTORNEY IF YOU HAVE ADDITIONAL QUESTIONS. | | | | | |
| VIST THE EVANDACION AND MARKET AND | | | | | |

1623247150 Page: 2 of 3

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TRANSFER ON DEATH INSTRUMENT - PAGE 2 (TRANSFER TAX STAMP, EXEMPTION, WITNESS & NOTARY)

| | | NAME OF OWNE | | |
|--|-----------------------------|--|------------------------------|-----------------------------|
| Rosalva Torres | | | | |
| AFFIX TRANSFER STAMP | - OR - Exempt under pro | ovisions of 33 ILCS 200/31 | -45, Paragraph, Illinois Rea | Estate Transfer Tax Law. |
| TR | ANSFER TAX ST | AMP (AFFIX HERE | 3) | EXEMPT |
| | | | | |
| | | | | |
| | | | | |
| Ą | | | | |
| 08/19/2 | 576 | Rosa | cerce I an | b |
| DATE DOCUMENT B | EXECUTED | SIGNATURE (| OF OWNER OR REPRE | SENTATIVE |
| | WITNE | SS DECLARATION | N | |
| We, the undersigned witnesse | es, hereby certify that the | above Transfer on Death | Instrument was on the dat | e thereof signed |
| and declared by the Owner(s) |) as his/her/their Transfei | r on Death Instrument in o | ur presence and that we, at | t his/her/their |
| request and in his/her/their pr | esence and in the prese | nce of each other, have si | gned our names as witness | ses thereto, |
| believing to the best of our kn | owledge that the Owner(| (s) was were at the time of | signing of sound mind and | memory, and |
| under no undue influence. | mll | VI | | |
| Ofelia Godina | Valles | Jones. | | ial Ave., Chicago IL. 60617 |
| WITNESS 1 PRINTED N | IAME WITNES | SS 1 SIGNATURE | WITNESS 1 | 1 ADDRESS |
| Angelina Fierro | (mg/k | | 10236 Avenue "M", | |
| WITNESS 2 PRINTED N | / | SS 2 SIGNATURE | | 2 ADDRESS |
| | NOTA | RY VERIFICATION | Clarking | |
| STATE OF ILLINOIS |) | | Q _A | |
| COUNTY OF CO |) SS | | 4 | |
| | • | and the second of the second of | 0. | . (C) was w(a) and |
| I, the undersigned, a notary p | | | | |
| witnesses personally known t | | | | |
| appeared before me this day | • | | led, and delivered the Said | modulite a co |
| their free and voluntary act, for Given under my hand and not | 1.0 | day of Aug. | ط1 20 الحدر | |
| - | | 200 | 27 20 10 | |
| NOTARY PUBLIC SIG | INATURE: | Illes - A | 2506 | |
| NOTARY PUBLIC S | TAMP: | | | |
| | | OFFICIAL SEAL | | |
| | | LETICIA ROGE Notary Public - State of | <u>L</u> | |
| | | y Commission Expires | | |
| SPECIAL NOTICE: THIS DO | CUMENT HAS BEEN PR | OVIDED AS A COURTESY | FROM THE COOK COUNT | TY RECORDER OF DEEDS |

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FIDELITY NATIONAL TITLE INSURANCE COMPANY

203 N. LASALLE STREET, SUITE 2200, CHICAGO, ILLINOIS 60601

PHONE: (312) 621-5000

FAX:

(312) 621-5033

ORDER NUMBER: 2010 012010615 STREET ADDRESS: 555 SUPERIOR

OCF

CITY: CALUMET CITY , 1 (60 409) TAX NUMBER: 30-07-412-009-0000

COUNTY: COOK COUNTY

LEGAL DESCRIPTION:

LOT 25 IN BLOCK 23 IN FORD CALUMET HIGHLANDS ADDITION TO WEST HAMMOND SUBDIVISION OF FEE. 5 EAS. THE EAST 1316 FEET OF THE NORTH 1/2 OF THE SOUTHEAST 1/4 OF SECTION 7, TOWNSHIP 36 NORTH, RANGE 15 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.