## **UNOFFICIAL COPY**

THIS INSTRUMENT WAS PREPARED BY:	1 (2017) (1001 (2017) (1004) (2007) (1004) (2017) (2017) (2017) (2017) (2017)
JOSE L. RUDRIGHEZ JR.	*1821313030*
3926 NOPARIS AVE.	Doc# 1821313030 Fee \$40.00
CHICAGO, IL GOGSU NAME & ADDRESS OF PROPERTY OWNER:	RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS
SECUNDINA ORTEZ III7 MANIGAN AVÇ	DATE: 08/01/2018 11:07 AM PG: 1 OF 2
ONEDO FL 32765	
ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "	ENT (TODI) PURSUANT TO \$ 755 ILCS 27/1 ET SEQ.
	ty owner or owners, whose name is or are:
():	et the street address of: 1117 MANIGAN AVC
in the city of: OVIEOU , and according of: Se	eninole in the state of: FLURIDA
with a zip code of: 38766 , while being a sound	mind and disposing memory, do now hereby make, declare and
publish this <b>TODI</b> , stating and attesting to the following. That the abor e-re	erenced property owner or owners, is or are, the SOLE owner(s) of
the residential (which must be between I - 4 units) real estate, under a o	uly recorded DEED or other CONVEYANCE INSTRUMENT which was
recorded on the date of: $\frac{2/8/3}{3}$ as document number: $\frac{22}{3}$	A 15-23-6 with the proper County Agency in the
_	nore, this T <b>UDI</b> is intended to transfer the following real property:
LEGAL DESCRIPTION: CHECK WHICH APPLIES -	WRITTEN BELOW SEE ATTACHED
LOT 12 AND 13 EN MCCREERY'S SUBDIVI	JION OF THE NURTH HALF OF THE
NORTHEAST QUARTER OF THE NORTHEAST	
OF SECTION 1 , TOWNSHIP 39 NORTH, RA	NGE 13; GAST OF THE MERN PRINCIPAL
PROPERTY IDENTIFICATION NUMBER(PIN): 16-	01-403-006-0000
COMMONLY REFERRED TO ADDRESS: 2429	W. DIVIJION ST.
CHINGO	26 60622

finally, the owner, or owners, while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of II, do now hereby <u>CONVEY</u> and <u>TRANSFER</u>, effective upon the death of the above-named <u>OWNER</u>, or last to die of the <u>OWNERS</u>, the above-described real property to the named <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> on the following page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u>.

SPECIAL NOTICE: This form is provided compliments of <u>KAREN A. YARBROUGH</u>, COOK COUNTY RECORDER OF DEEDS and <u>DOES NOT CONSTITUTE LEGAL</u>

<u>ADVICE</u> in any way, shape or form. Furthermore, it is provided <u>WITHOUT</u> any <u>TITLE EXAMINATION</u> or <u>REVIEW</u> of your individual estate plan. <u>PLEASE</u>

<u>CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL</u> if you have additional questions, comments or concerns regarding how to complete this form, as the <u>COOK COUNTY RECORDER OF DEEDS OFFICE STAFF MAY NOT</u> assist you with the preparation of this, or any, legal document.

## **UNOFFICIAL COPY**

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO \$ 35 ILCS 200/31-45, PARA, IL REAL ESTATE TRANSFER TAX LAW As referenced on the foregoing page, the aforementioned **OWNER** or **OWNERS** do now hereby **CONVEY** and **TRANSFER**, effective upon the death of the above-named OWNER, or last to die of the OWNERS, the above-described real property to the named BENEFICIARY or BENEFICIARIES in the specified TENANCY TYPE if multiple BENEFICIARIES are listed. Additionally, in the event the BENEFICIARY or BENEFICIARIES pre-decease the OWNER or OWNERS. the following CONTINGENCY BENEFCIARY or BENEFICIARIES should receive the interest outlined in this instrument, in the designated TENANCY TYPE: BENEFICIARY (B) BENEFICIARY (A) BENEFICIARY (C) BENEFICIARY (D) REBECCA RODRIGUEZ 20375 NORTHCLIFF ST. ORLANDO FL 32837 If more BENEFICIARIES are desired, please attach separate sheet of paper with the full names and addresses of the desired additional BENEFICIARIES. Also, if there are multiple beneficiaries, the DWNER or DWNER desires that the transfer be to those BENEFICIARIES IN THE FOLLOWING TENANCY TYPE: CHOOSE ONE (ONLY); JOINT TEMANTS IN COMMON W/ RIGHT OF SURVIVORSHIP In the event all of the above-referenced SENETICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them. COM CINGENCY BENEFICIARY (B) CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D) CONTINGENCY BENEFICIARY (A) I, or we, the **SOLE DWNERS** hereby swear and affirm that the foregoing withes were made as my or our free and voluntary act for the purposes set forth. PRINTOWNER NAME (A): SECUNDINA URTIZ PRINT OWNER NAME (B): SIGNATURE OF DWNER (A): Secundaria Gati SIGNATURE OF OWNER (B): DATE SIGNED BEFORE NOTARY: 8/1/8DATE SIGNED BEFORE NOTARY: WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OF AFRS. ALL WITNESSES, AND NOTARY PUBLIC: We, the undersigned witnesses, hereby certify that the foregoing TDOI was executed and signed on the date referenced above, and signed by the owner or owners as her, his, or their voluntary TDDI in our presence, at the request of her, him or them, and while also in the g. esence of one another. We also do now hereby swear and affirm that we are signing our names to this instrument with the belief and knowledge that the owner or owners, was or were, at the time of signing of sound mind and memory, and free from any undue influence or coercion by any parties, including us as witnesses. PRINT WITNESS NAME (A): JOSE LUIS RODRIGUEZ JA PRINT WITNESS NAME (B): REBECCA RODRIGUEZ SIGNATURE OF WITNESS (A): Jon 1 200 L SIGNATURE OF WITNESS (B) Keliegene DATE SIGNED BEFORE NOTARY: 8 /1) 17 DATE SIGNED BEFORE NOTARY: 8/1/18 **NOTARY VERFICATION SECTION:** STATE OF ///ino/S DATE NOTARIZED: 08-01-2018COUNTY OF COOK AFFIX NOTARY STAMP BELOW: 1, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that the owner or

owners, and witnesses, personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed and delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set forth.

PRINT NOTARY NAME: DUVEN SAULY SIGNATURE OF NOTARY. LAWY

LAUREN SAUER Official Seal Notary Public – State of Illinols My Commission Expires Jan 24, 2021