UNOFFICIAL COPY	
THIS INSTRUMENT WAS PREPARED BY:	
Hogela Ortit	*1922613901*
3601 W. Lelst Place	Doc# 1822613001 Fee \$40,00
Chilon > 1001029	RHSP FEE:\$9.00 RPRF FEE: \$1.00
NAME & ADDRESS OF PROPERTY OWNER:	KAREN A. YARBROUGH COOK COUNTY RECORDER OF DEEDS
Juan Jose Dominsuez	DATE: 08/14/2018 09:33 AM PG: 1 OF 2
2022 5 52: 6 11	
2003 Stringtiela	
Chicago IL 60023	
ILLINDIS RESIDENTIA (RANSFER ON DEATH INSTRUMEN	T (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.
	l"), which was completed and signed before a notary public on the
	wner or owners, whose name is or are: Juan J. Dominguez
	e street address of: 2603 S. Sprin-field
	nois Cook in the state of: Illinois
with a zip code of: <u>(2062)</u> , while being si sound min	nd and disposing memory, do now hereby make, declare and
publish this TODI , stating and attesting to the following. That the above-refer	enced property owner or owners, is or are, the SOLE owner(s) of
the residential (which must be between 1 – 4 units) real estate, under a duly	recorded DEED or other CONVEYANCE INSTRUMENT which was
recorded on the date of: $693/986$ as document number: 869	63774 with the proper County Agency in the
County of: in the State of Illinois. Furthermore	e, this TuOl is intended to transfer the following real property:
LEGAL DESCRIPTION: CHECK WHICH APPLIES - W	RITTEN BELOW O -OR- SEE ATTACHED
Lot 41 and the south 8 feet of lot 42 in	n Annie Philips subdivision of black
2 of Goodwin, Balastier and Phillips Su	
South west 44 of section 26, Townshi	
of the third principal Meridian in	Cook County, Illinois
PROPERTY IDENTIFICATION NUMBER(PIN): 16 - 2	
COMMONLY REFERRED TO ADDRESS: 2623 S. Springfield	
Chicaso D	• –

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 CONVEY and TRANSFER, effective upon the death of the above-named OWNER, or last to die of the OWNERS, the abovedescribed real property to the named **BENEFICIARY** or **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

SPECIAL NOTICE. This form is provided compliments of KAREN A. YARBROUGH, COOK COUNTY RECORDER OF DEEDS and DOES NOT CONSTITUTE LEGAL ADVICE in any way, shape or form. Furthermore, it is provided WITHOUT any TITLE EXAMINATION or REVIEW of your individual estate plan. PLEASE CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL if you have additional questions, comments or concerns regarding how to complete this form, as the COOK COUNTY RECORDER OF DEEDS OFFICE STAFF MAY NOT assist you with the preparation of this, or any, legal document.

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TRANSPER ON DEATH INSTRUMENT. HARE DATES IN

TRANSPER UN DEATH INSTRUMENT - PAGE Z (THIS INSTRUMENT IS EXEMPT PURS		
As referenced on the foregoing page, the aforementioned <u>OWNER</u> or <u>OWNERS</u> 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 pr	operty to the named BENEFICIARY or BENEFICIARIES in the specified	
TENANCY TYPE if multiple <u>BENEFICIARIES</u> are listed. Additionally, in the event the following <u>CONTINGENCY BENEFICIARY</u> or <u>BENEFICIARIES</u> should receive the	e <u>DENETILIANT</u> OF <u>BENETILIANIES</u> PRE-DECESSE THE <u>UWNER</u> OF <u>UWNERS</u> , interest outlined in this instrument, in the designated TENANCY TYDE .	
BENEFICIARY (A) BENEFICIARY (B)	BENEFICIARY (C) BENEFICIARY (D)	
Laticia Dominguez Rosemarie Dominguez	1 01:0	
CETICIO Cominquet 1900 marie Cominguer	Angela Utiz	
. If more BENEFICIARIES are Jesired, please attach separate sheet of paper with	the full names and addresses of the desired additional BENEFICIARIES.	
Also, if there are multiple beneficiaries, the OWNER or OWNER desires that the tri	ensfer be to those BENEFICIARIES IN THE FOLLOWING TENANCY TYPE:	
CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSI	IIPOR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP	
In the event all of the above-referenced <u>PENFFICIARIES</u> pre-decease the owner	Owners the following CONTINGENCY DENCLIPIAGIES shall regions there	
CONTINGENCY BENEFICIARY (A) CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)	
0/4		
l, or we, the SOLE OWNERS hereby swear and affirm that the foregoing wishes w	ere made as my or our free and voluntary act for the purposes set forth.	
).	
PRINT OWNER NAME (A): Juan Jose Dominguez	FRINT OWNER NAME (B):	
SIGNATURE OF OWNER (A): Lean J. Cange	SIGNATURE OF OWNER (B):	
DATE SIGNED BEFORE NOTARY: 8/9/1/8	DATE BIOMED MEDICANDARY	
DATE SIGNED OCLARE UNIAKT:	DATE SIGNED 3FFDHF NOTARY:	
<u> Witness declaration – This section is to be attested to and signed in the</u>	PRESENCE OF THE OWNER/OWNERS, ALL WITNESSES, AND NOTARY PUBLIC:	
We, the undersigned witnesses, hereby certify that the foregoing TODI was executed and signed on the date referenced above, and signed by the owner or		
owners as her, his, or their voluntary TODI in our presence, at the request of her, him or them, and while also in the resence 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 ow ers, 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): Armando Ontio SIGNATURE OF WITNESS (A): Armando Otto	DDINT MITHERD MANY 703	
FRIMI WITNESS NAME (A): 57 (7 10 20 CC SO SO TO CC)	PKINI WIINE22 NAME (II):	
SIGNATURE OF WITNESS (A):	SIGNATURE OF WITNESS (B):	
DATE SIGNED BEFORE NOTARY: 8-9-18		
DATE PIPUED BELINKE UNITAKA: O t CO	DATE SIGNED BEFORE NOTARY:	
NOTARY VERFICATION SECTION:		
STATE OF Throis	1011 0 1011	
COUNTY OF COOK	DATE NOTARIZED:	
I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HERE	BY CERTIFY that the owner or AFFIX NOTARY STAMP BELOW:	
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 form and valuations and feet the search and sealed and delivered the form and valuations and feet the search and feet th	oregoing instrument as Weir	
free and voluntary act, for the uses and purposes therein set forth.		

OFFICIAL SEAL CINDY SOTO Notary Public - State of Illinois My Commission Expires May 12, 2019