

UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY:

LORRAINE SHIMKUS

5700 W. 90TH PLACE

OAK LAWN, IL 60453
NAME & ADDRESS OF PROPERTY OWNER:

WANDA JAWORSKI

10922 S. LOREL AVE

OAK LAWN, IL 60453



Doc# 1823608006 Fee \$40.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/24/2018 01:59 PM PG: 1 OF 2

ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the following date: 08/15/2018, by the property owner or owners, whose name is or are: WANDA

JAWORSKI, and currently live at the street address of: 10922 S. LOREL AVE.

in the city of: OAK LAWN, and county of: COOK, in the state of: ILLINOIS

with a zip code of: 60453, while being of sound mind and disposing memory, do now hereby make, declare and

publish this TODI, stating and attesting to the following. That the above-referenced 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: 05-30-2002 as document number: 0020008612 with the proper County Agency in the

County of: COOK in the State of Illinois. Furthermore, this TODI is intended to transfer the following real property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES - WRITTEN BELOW -OR- SEE ATTACHED

Unit 10922 Lot 359 in Lorel Condominium, as delineated on a survey of the following tract of land: Eagle Ridge phase 6 subdivision being a subdivision in the east half of the southwest quarter and the west half of the southwest quarter of section 16, Township 37 north, range 13 east of the third principal meridian, in Cook county, Illinois

PROPERTY IDENTIFICATION NUMBER(PIN): 24-16-3.12-007-0000

COMMONLY REFERRED TO ADDRESS: 10922 SOUTH LOREL AVE.

OAK LAWN, IL. 60453

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 Il, 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** 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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TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO 8 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 BENEFICIARY** or **BENEFICIARIES** should receive the interest outlined in this instrument, in the designated **TENANCY TYPE**:

BENEFICIARY (A) **BENEFICIARY (B)** **BENEFICIARY (C)** **BENEFICIARY (D)**

LORRAINE SHIMKUS _____

5700 W. 90 PLACE _____

OAK LAWN IL 60453 _____

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 **OWNER** or **OWNERS** desires that the transfer be to those **BENEFICIARIES IN THE FOLLOWING TENANCY TYPE**:

CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/D RIGHT OF SURVIVORSHIP

In the event all of the above-referenced **BENEFICIARIES** pre-decease the owner/owners, the following **CONTINGENCY BENEFICIARIES** shall replace them.

CONTINGENCY BENEFICIARY (A) **CONTINGENCY BENEFICIARY (B)** **CONTINGENCY BENEFICIARY (C)** **CONTINGENCY BENEFICIARY (D)**

JENNIFER JAWORSKI KENNETH T. JAWORSKI _____

4320 N. OAKLEY AVE 5701 Lyman AVE. _____

CHICAGO, IL 60618 DOWNERS GROVE, IL 60515 _____

I, or we, the **SOLE OWNERS** hereby swear and affirm that the foregoing wishes were made as my or our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): WANDA JAWORSKI PRINT OWNER NAME (B): _____

SIGNATURE OF OWNER (A): Wanda Jaworski SIGNATURE OF OWNER (B): _____

DATE SIGNED BEFORE NOTARY: 08/15/2018 DATE SIGNED BEFORE NOTARY: _____

WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE 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 presence 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): Nancy Adamczyk PRINT WITNESS NAME (B): RONALD R DOWLING

SIGNATURE OF WITNESS (A): Nancy Adamczyk SIGNATURE OF WITNESS (B): Ronald R Dowling

DATE SIGNED BEFORE NOTARY: 08/15/2018 DATE SIGNED BEFORE NOTARY: 08/15/2018

NOTARY VERIFICATION SECTION:

STATE OF IL)
) SS
COUNTY OF Cook)

DATE NOTARIZED: 08/15/2018

I, 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.

AFFIX NOTARY STAMP BELOW:

PRINT NOTARY NAME: Raminta Dill SIGNATURE OF NOTARY: Raminta Dill

