

THIS INSTRUMENT WAS PREPARED BY:

Cassandra Simpson

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1826219213

1042 N. Pulaski Road

Chicago Illinois 60651

Doc# 1826219213 Fee \$40.00

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

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 09/19/2018 10:33 AM PG: 1 OF 2

NAME & ADDRESS OF PROPERTY OWNER:

Howard Simpson

1042 North Pulaski Road

Chicago, Illinois 60651

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: June 13, 2018, by the property owner or owners, whose name is or are: Howard Simpson, and currently live at the street address of: 1042 N. Pulaski Road

in the city of: Chicago, and county of: Cook, in the state of: Illinois

with a zip code of: 60651, 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: 10-16-1988 as document number: 87573423 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

Lot 6 in Block 7 in MILLS AND SONS' SUBDIVISION OF BLOCKS 1, 2, 7 and 8 IN THE RESUBDIVISION OF BLOCKS 1 and 2 IN FOSTER'S SUBDIVISION OF THE EAST HALF OF THE SOUTHEAST QUARTER OF SECTION 3, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD

PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.
PROPERTY IDENTIFICATION NUMBER (PIN): 16-03-415-026-0000

COMMONLY REFERRED TO ADDRESS: 1042 North Pulaski Road
Chicago Illinois 60651

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.

Bm

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 USC 2078(4), PAR. 11 REAL ESTATE TRANSFER TAX LAW)

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As referenced on the foregoing page, the above-referenced **OWNER** or **OWNERS** do hereby **OWN** 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**:

<u>BENEFICIARY (A)</u>	<u>BENEFICIARY (B)</u>	<u>BENEFICIARY (C)</u>	<u>BENEFICIARY (D)</u>
Cassandra Simpson	Sarah Simpson	Kent Simpson	Candra Jackson
Maurice Simpson	Alexise Simpson	Justin Simpson	
Marvin Simpson	Annalise Walksler	Edward Adams	

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 **OWNER** 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/O RIGHT OF SURVIVORSHIP**

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

<u>CONTINGENCY BENEFICIARY (A)</u>	<u>CONTINGENCY BENEFICIARY (B)</u>	<u>CONTINGENCY BENEFICIARY (C)</u>	<u>CONTINGENCY BENEFICIARY (D)</u>

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): Howard Simpson PRINT OWNER NAME (B): N/A
 SIGNATURE OF OWNER (A): [Signature] SIGNATURE OF OWNER (B): _____
 DATE SIGNED BEFORE NOTARY: 6-13-2018 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 will 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): Cassandra Simpson PRINT WITNESS NAME (B): Maurice Simpson
 SIGNATURE OF WITNESS (A): [Signature] SIGNATURE OF WITNESS (B): [Signature]
 DATE SIGNED BEFORE NOTARY: 06/13/2018 DATE SIGNED BEFORE NOTARY: 06/13/2018

NOTARY VERIFICATION SECTION:

STATE OF Illinois)
) SS
 COUNTY OF Cook)
 DATE NOTARIZED: 06/13/2018

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: Lucero Rodriguez SIGNATURE OF NOTARY: [Signature]

"OFFICIAL SEAL"
 LUCERO RODRIGUEZ
 Notary Public, State of Illinois
 My Commission Expires 11/8/2021