THIS INSTRUMENT WAS PREPARED OFFICIAL COPY		
Brenda Joyce Moore		
ahicago, Il 60628	*1827474D16*	
NAME & ADDRESS OF PROPERTY OWNER:	Doc# 1827434016 Fee \$40.00	
Brenda Joyce Moore 10019 So, St. Lawrence Cohicago, IL. 60628	RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS DATE: 10/01/2018 09:47 AM PG: 1 OF 2	
ILLINOIS RESIDENTIA ORANSFER ON DEATH I	NSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.	
THIS TRANSFER ON DEATH INSTRUCENT (hereinafter referre	ed to as a "TODI"), which was completed and signed before a notary public on the	
	the property owner or owners, whose name is or are: Brenda rently live at the street address of: 10019 S. St. Lawrence only of: 600K, in the state of: Illinois	
	ng of sound mind and disposing memory, do now hereby make, declare and	
	ne coove-referenced property owner or owners, is or are, the <b>SOLE</b> owner(s) of	
	, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was	
	mber: 223793/ with the proper County Agency in the	
I	s. Furthermore, this <b>143</b> ° is intended to transfer the following real property:	
LEGAL DESCRIPTION: CHECK WHICH AF	PLIES – WRITTEN BELDWOR- SEE ATTACHED	
	ex Chicago Subdivision No. 1, being a subdivisi	
	est of Section 10 township 37 North Range 14 Fas	
ging West of and adjoining Illinois C	entral Railroad Right of unifexcept therefrom	
PROPERTY IDENTIFICATION NUMBER(PIN):	5-10-405-007-0000	
COMMONLY REFERRED TO ADDRESS: 100	19 S. St. Lawrence Ave	
Chi	cago, IL. 60628	
	d capacity, while waiving and releasing all rights under the Homestead Exemption laws	
of the State of II, do now hereby $\underline{\text{CONVEY}}$ and $\underline{\text{TRANSFER}}$ , effective	upon the death of the above-named <u>DWNER</u> , or last to die of the <u>DWNERS</u> , the above-	
described real property to the named $\underline{\textit{BENEFICIARY}}$ or $\underline{\textit{BENEFICIAR}}$	IES on the following page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES.</u>	
ADVICE in any way, shape or form. Furthermore, it is provided to CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PRO	ARBROUGH, COOK COUNTY RECORDER OF DEEDS and DOES NOT CONSTITUTE LEGAL MITHOUT any TITLE EXAMINATION or REVIEW of your individual estate plan. PLEASE FESSIONAL if you have additional questions, comments or concerns regarding how to IFFICE STAFF MAY NOT assist you with the preparation of this, or any, legal document.	

CCRD REVIEW

As referenced on the foregoing page, the aforementioned $\underline{DWNER}$ or $\underline{DWNERS}$ d	now hereby CONVEY and TRANSFER, effective upon the death of the	
above-named <b>OWNER</b> , or last to die of the <b>OWNERS</b> , the above-described real process.	operty to the named <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> in the specified	
TENANCY TYPE if multiple <u>BENEFICIARIES</u> are listed, Additionally, in the event the	e <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> pre-decease the <u>OWNER</u> or <u>OWNERS</u> .	
the following <b>CONTINGENCY BENEFCIARY</b> or <b>BENEFICIARIES</b> should receive the		
BENEFICIARY (A) BENEFICIARY (B)	BENEFICIARY (C) BENEFICIARY (D)	
alando R. Moore Winter loni MODA	<u> </u>	
758 E 100= Place 758 F 100 = A	ace	
Ehicago, Il. 60628 Chicago, IL. 6	0632	
If more <b>BENEFICIARIES</b> are desired, please attach separate sheet of paper with		
Also, if there are multiple beraticiaries, the DWNER or DWNER desires that the tr		
CHOOSE ONE (ONLY): JOINT TEXANTS IN COMMON W/ RIGHT OF SURVIVORS	HIPDR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP	
In the event all of the above-referenced <b>ASSEFICIARIES</b> pre-decease the owner.	owners, the following CONTINGENCY RENEFICIARIES, shall replace them	
CONTINGENCY BENEFICIARY (A)  CINTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)	
00/		
I, or we, the SOLE DWNERS hereby swear and affirm that the foregoing wishes	vere made as my or our free and voluntary act for the purposes set forth.	
PRINT DWNER NAME (A): Brenda Joyce Moore	PRINT OWNER NAME (B):	
SIGNATURE OF OWNER (A): Drenda J. Moone	SIGNATURE OF OWNER (B):	
DATE SIGNED BEFORE NOTARY: $9-29-18$	DATE SIGNED REFURE NOTARY:	
WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE	PRESENCE OF THE OWNER/SWNERS, ALL WITNESSES, AND NOTARY PUBLIC:	
We, the undersigned witnesses, hereby certify that the foregoing TODI was execut	ed 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,		
hereby swear and affirm that we are signing our names to this instrument with the signing of sound mind and memory, and free from any undue influence or coercion		
PRINT WITNESS NAME (A): CAMERIA S. GILMORA	PRINT WITNESS NAME (B): Walls of at son	
SIGNATURE OF WITNESS (A) Canelia D. Belone	SIGNATURE OF WITNESS (B): Let m w attack	
DATE SIGNED BEFORE NOTARY: 9/29 / 2018	DATE SIGNED BEFORE NOTARY: 9-29-18	
7		
NOTARY VERFICAT	<u>rion section:</u>	
STATE OF	9 (20)	
COUNTY OF COOK ) SS	DATE NOTARIZED: 9 (29 (8	
I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that the owner or AFFIX NOTARY STAMP BELOW:		
owners, and witnesses, personally known to me to be the same persons whose names ar instrument, appeared before me on the below date and signed, sealed and delivered the l		
free and voluntary act, for the uses and purposes therein set forth.	<pre></pre>	
PRINT NOTARY NAME: JDAVCS SIGNATURE OF NOTARY:	Notary Public, State of Illinois My Commission Expires 12/23/2018	
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TRANSFER ON DEATH INSTRUMENT - P. GE ? THE INSTRUMENT IS EX EI PT PURSAANT TO 8 36 ILCS 200 3 -43, PARA, IL REAL ESTATE TRANSFER TAX LAW