THIS INSTRUMENT WAS PREPARED BY:	
Daniel WINDFFIC	IAL COPY
1164 Harding ave.	
Calmet City TI 60409	*1908657099*
NAME & ADDRESS OF PROPERTY OWNER:	Doc# 1908657099 Fee \$42.00
Dam & Sherri Williams	RHSP FEE:\$9.00 RPRF FEE: \$1.00 EDHARD M. MOODY
1164 Harding Que.	COOK COUNTY RECORDER OF DEEDS
Making truly Tellow COD	DATE: 03/27/2019 11:28 AM PG: 1 OF 3
Column 444 BC100469	
ILLINDIS RESIDENZIAL TRANSFER ON DEATH INSTRU	MENT (TODI) PURSUANT TO 8 755 ILCS 27/1 ET SED
THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a	"TODI"), which was completed and signed before a notary public on the
	erty owner or owners, whose name is or are: Mracq
	at the street address of: 164 Harding Rue.
	Cask, in the state of: \( \frac{1}{2} \)
	nd mind and disposing memory, do now hereby make, declare and
publish this <b>TODI</b> , stating and attesting to the following. That the above-r	
the residential (which must be between 1 – 4 units) real estate, under a	
recorded on the date of: 112991 as document number: 27	1 / · · · ·
	more, tris <b>TOO</b> I is intended to transfer the following real property:
LEGAL DESCRIPTION: CHECK WHICH APPLIES -	
	ANTITEM DESEMBLE OF ATTACHED
	——————————————————————————————————————
	Ŧ,c
	0,
PROPERTY IDENTIFICATION NUMBER(PIN): 30 -	00 122 0.0043
· · · · · · · · · · · · · · · · · · ·	
COMMONLY REFERRED TO ADDRESS: 1164 HO	Eding Rue.
	et C144 DL 60489
Finally, the owner, or owners, while also being of competent mind and capacity, v	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 dea	ath 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 fo	ollowing page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES.</u>
SPECIAL NOTICE: This form is provided compliments of KAREN A. YARBROUGH	COUR COUNTY DECIDING BE DEEDS and DOES NOT CONSTITUTE LEGAL
CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL:	y TITLE EXAMINATION or REVIEW of your individual estate plan. PLEASE
complete this form, as the COOK COUNTY RECORDER OF DEEDS OFFICE STAF	F MAY NOT assist you with the preparation of this, or any, lenal document

TRANSFER ON DEATH INSTRUMENT – PAGE 2 (THIS INSTRUMENT IS EXEMPT PURS	UANT TO \$ 35 U.CS 200/31-45. PARA, U REAL ESTATE TRANSFER TAX LAW
As referenced on the foregoing page, the along into one I WNE cor I W. NERS do	nov ereby CONYEY and RANSF R, effective upon the death of the
above-named <b>OWNER</b> , or last to die of the <b>OWNERS</b> , the above-described real pr	· · · · · · · · · · · · · · · · · · ·
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	
BENEFICIARY (A) BENEFICIARY (B)	BENEFICIARY (C) BENEFICIARY (D)
Ashley Townserd	
4408 w calleact.	
<u>.</u> .	
Broken Arrow 104-94012	the fill the state of the state
If more <b>BENEFICIARIES</b> are desired, please attach separate sheet of paper with Also, if there are multiple beneficiaries, the OWNER or OWNER desires that the tra	
CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSH	
<u></u>	= ,=
In the event all of the above-rulerchoed <b>BENEFICIARIES</b> pre-decease the owner/	
CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)
ethet Poole whel Poole	
2215 1754St 3600 Aprilun	
1 consine 71 los 438 Calumet N 144 Milos	eC
I, or we, the SDLE OWNERS hereby swear and affirm that the furegoing wishes w	· <del></del>
Clare in the ine	PRINT DWNER NAME (B): DANA WILLIAM
PRINT OWNER NAME (A): TOUR IN WILLIAMS	PRINT UWNER NAME (B): DANT COILLIANS
SIGNATURE OF DWNER (A) SOLIU WULLAMO	SIGNATURE OF OWNER (B): Was beller
DATE SIGNED BEFORE NOTARY: 10 /16/2018	DATE SIGNED BEFORE NOTARY: 10/16/18
WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE	PRESENCE OF THE OWNER/DWNERS, ALL WITNESSES, AND NOTARY PUBLIC:
We, the undersigned witnesses, hereby certify that the foregoing TOOI was execute	d and signed on the dair referenced above, and signed by the owner or
owners as her, his, or their voluntary TOOI in our presence, at the request of her, t	
hereby swear and affirm that we are signing our names to this instrument with the signing of sound mind and memory, and free from pay undue influence or coercion	
Assologie (La La La d	1)
PRINT WITNESS NAME (A): WY IVOCY STORY	PRINT WITNESS NAME (B): PGUED Garnes
SIGNATURE OF WITNESS (A): TO COLUMN THE OF WITNESS (A):	SIGNATURE OF WITNESS (B): Lavel Bares
DATE SIGNED BEFORE NOTARY: 10 10 18	DATE SIGNED BEFORE NOTARY: 10 -16 - 18
NOTARY VERFICATION SECTION:	
STATE OF TUINOUS	
22 (	DATE NOTARIZED: 10 - 16 -18
COUNTY OF COOK	
I, the undersigned, a notary public in and for said County, in the State aforesaid, <b>DD HERE</b>	
owners, and witnesses, personally known to me to be the same persons whose names are instrument, appeared before me on the below date and signed, sealed and delivered the fi	
free and voluntary act, for the uses <u>and purposes</u> therein set forth.	
The state of the s	TRICIA REESE Official Seal
PRINT NOTARY NAME: 1 RICIATY CESE SIGNATURE OF NOTARY: 3	Notation Public - State of Illinois
	My Commission Expires Oct 13, 2021

1908657099 Page: 3 of 3

## 0321746723 Page: 14 of 14 UNOFFICIAL



## TICOR TITLE INSURANCE COMPANY

ORDER NUMBER: 2000 000520731 OC STREET ADDRESS: 1164 HARDING AVENUE COUNTY: COOK COUNTY

CITY: CALUMET CITY

TAX NUMBER: 30-07-123-017-0000

## LEGAL DESCRIPTION:

LOT 17 IN BLOCK 8 IN SOUTH LAWN ADDITION TO CALUMET CITY, BEING A SUBDIVISION OF BLOCKS 5 TO 16 BOTH INCLUSIVE, AND VACATED STREETS IN INGRAM'S ADDITION TO HEGEWISCH, BEILG A SUBDIVISION OF THE EAST 82.24 ACRES OF THE NORTHWEST 1/4 OF SECTION 7, TOWN SHIP 36 NORTH, RANGE 15, EAST OF THE THIRD PRINCIPAL MERIDIAN, TOP MAY OF 1.

COLUMN CLOTHS OFFICE (EXCEPT THEREFROY RIGHT OF WAY OF THE SOUTH CHICAGO AND SOUTHERN RAILROAD COMPANY AND RIGHT OF MAY OF HAMMOND BELT RAILROAD) IN COOK COUNTY, ILLINOIS.