THIS INSTRUMENT WAS PREPARED FICIAL COPY	
J. B. A14143	*1908857184*
NAME & ADDRESS OF PROPERTY OWNER:	Doc# 1908857184 Fee \$40.00 RHSP FEE:\$9.00 RPRF FEE: \$1.00 EDHARD M. MOODY
12725 MUSKEGON	COOK COUNTY RECORDER OF DEEDS DATE: 83/29/2019 82:84 PM PG: 1 OF 2
CHICAGO, 1L 60633	
	npleted and signed before a notary public on the whose name is or are: $\overline{\mathcal{J}_{*}}B_{*}A\mathcal{K}\mathcal{M}$
in the city of: $CHICAGO$ and county of: $COUIC$	of: $\frac{12725}{L}$ MUSILE GOIA in the state of: $\frac{1L}{L}$
with a zip code of: 60633 . while being of sound mind and disposing m	nemory, do now hereby make, declare and
publish this TODI , stating and attesting to the following. That ira above-referenced property ow	vner ar owners, is or ere, the SOLE owner(s) of
the residential (which must be between 1 – 4 units) real estate, unper a duly recorded DEED or recorded on the date of: $\frac{DEC}{4}\frac{479}{3}$ as document number: $\frac{252-66457}{451}$	
County of: in the State of Illinois. Furthermore, this TODI is inte	
Legal Description: CHECK WHICH APPLIES - WRITTEN BELO Lot 14 in Block 4 in Ford City Subdivision Number of Blocks 5 to 8 (except the South 4 acres of Block of the North East 1/4 of the South West 1/4 of Section North, Range 15 East of the Third Principal Meridia of way of Calumet Western Railroad Company) in Cool	w -OR- SEE ATTACHED being a Subdivision 8) in Subdivision tion .0, Township 37 an, (except the right
PROPERTY IDENTIFICATION NUMBER(PIN): 2 6 - 30 - 31	2-014-0000
COMMONLY REFERRED TO ADDRESS: /2725 MUSILE CHICALO, IC 6	0633
Finally, the owner, or owners, while also being of competent mind and capacity, while waiving and release	
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 above-
described real property to the named $\underline{\text{BENEFICIARY}}$ or $\underline{\text{BENEFICIARIES}}$ on the following page in the specific	cified TENANCY TYPE if multiple BENEFICIARIES .
SPECIAL NOTICE This form is provided compliments of KAREN A. YARBROUGH, COOK COUNTY RECO <u>ADVICE</u> in any way, shape or form. Furthermore, it is provided WITHOUT any TITLE EXAMINATION CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL if you have additional que complete this form, as the COOK COUNTY RECORDER OF DEEDS OFFICE STAFF MAY NOT assist you	or REVIEW of your individual estate plan. <u>PLEASE</u> Jestions, comments or concerns regarding how to

TRANSFER ON BEATH INSTRUMENT - PAGE 1 (M S MSTAU MENT S EXIMAL DUR	IANITI S 35 ILS 200731 45 PARA, I. REAL ESTATE TRANSFER TAX LAW	
As referenced on the foregoing page, the aforementioned <u>OWNER</u> or <u>OWNERS</u> do above-named <u>OWNER</u> , or last to die of the <u>OWNERS</u> , the above-described real pr		
TENANCY TYPE if multiple BENEFICIARIES are listed. Additionally, in the event the	BENEFICIARY or BENEFICIARIES pre-decease the OWNER or OWNERS.	
the following <u>CONTINGENCY BENEFCIARY</u> or <u>BENEFICIARIES</u> should receive the BENEFICIARY (A) BENEFICIARY (B)	BENEFICIARY (C) BENEFICIARY (D)	
MATTHEY SHOW		
2644 Blenwood St		
Highland-IN 46322		
If more BENEFICIARIES are desired, please attach separate sheet of paper with t		
Also, if there are multiple beneficiaries, the OWNER or OWNER desires that the tra <u>CHOOSE ONE (ONLY):</u> JC.41 TENANTS IN COMMON W/ RIGHT OF SURVIVORSH		
In the event all of the above-rejectived BENEFICIARIES pre-decease the owner/CONTINGENCY BENEFICIARY (A)	owners, the following CONTINGENCY BENEFICIARIES shall replace them. CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)	
JEAHA SHOW		
2644 Glenwood St	·	
Highland IN 46322	· · · · · · · · · · · · · · · · · · ·	
i, or we, the SOLE OWNERS hereby swear and affirm that the foregrang wishes were made as my or our free and voluntary act for the purposes set forth.		
PRINT DWNER NAME (A): J. B. AKING	PRINT OWNER NAME (B):	
SIGNATURE OF OWNER (A):	S CMATURE OF OWNER (B):	
DATE SIGNED BEFORE MOTARY: 3)15/19	DATE SIGNICIO BEFORE NOTARY:	
WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE JUNER/JUNERS, ALL WITNESSES, AND NOTARY PUBLIC:		
We, the undersigned witnesses, hereby certify that the foregoing TODI was executed and signed on the data 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 antipart 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): PRINT WITNESS NAME (B): Denote De		
PRINT WITNESS NAME (A): CHERYL SPEARS	PRINT WITNESS NAME (B): Dennis Dembous 13	
SIGNATURE OF WITNESS (A):	SIGNATURE OF WITNESS (B): Denself	
DATE SIGNED BEFORE NOTARY: 3-28-19	DATE SIGNED BEFORE NOTARY: 3-28-19	
NOTARY VERFICATION SECTION:		
STATE OF Illinois)	DATE NOTARIZED: 31519	
COUNTY OF Cook)		
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. OFFICIAL SEAL		
PRINT NOTARY NAME: Deborah L. Lucia SIGNATURE OF NOTARY: DE	DEBORAH L LUCIA NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES JULY 11, 2020	