	Doc# 1910247022 Fee \$44.25
· · · · · · · · · · · · · · · · · · ·	RHSP FEE:\$9.00 RPRF FEE: \$1.00
	EDHARD M. HOODY
NAME & ADDRESS OF PROPERTY OWNER:	COOK COUNTY RECORDER OF DEEDS
Dr. Vera Rhodes	DATE: 04/12/2019 02:54 PM PG: 1 OF 3
829 W. 129 Place	×
Chicago, 800. 601043	
THIS TRANSFER ON DEATH INSTRUMENT () THIS TRANSFER ON DEATH INSTRUMENT ()	TOD)) QUESUANT TO STATE UPS 27/12 SEC
	er or owners, whose name is or are: <u>Worea</u> , Rhod
	reet address of: 8295N.129 Place
in the city of: Chicogo, All., and county of: Oo	k in the state of: Illeur
with a zip code of: $48643$ , while being of sound mind an	nd disposing memory, do now hereby make, declare and
publish this TOOI, stating and attesting to the following. That $\cos \epsilon^{\prime}$ ove-reference	ed property owner or owners, is or are, the <b>SOLE</b> owner(s) of
the residential (which must be between 1 – 4 units) real estate, under a duly reco	rded DEED or other CONVEYANCE INSTRUMENT which was
recorded on the date of: $8-16-2\infty 1$ as document number: $0010$	75+518 with the proper County Agency in the
County of: <u>Look</u> in the State of Illinois. Furthermore, thi	is Pun is intended to transfer the following real property:
<u>LEGAL DESCRIPTION:</u> CHECK WHICH APPLIES – WRIT	TEN BELUWDR- SEE ATTACHED
See Deed	
	T'6
	$O_{x}$
PROPERTY IDENTIFICATION NUMBER(PIN): 29 - 10 - 307 - 048 0000	
COMMONLY REFERRED TO ADDRESS: 15028	hicago Rd
Dolton,	ILLINOIS 60419
Finally, the owner, or owners, while also being of competent mind and capacity, while wa	iving 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 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 ${\color{red} {\bf BENEFICIARY}}$ or ${\color{red} {\bf BENEFICIARIES}}$ on the following	page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u> .
SPECIAL NOTIFE: This form is provided compliments of KAREN A. YARBROUGH, COOK I  ADVICE in any way, shape or form. Furthermore, it is provided WITHOUT any TITLE I  CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL if you ha  complete this form, as the COOK COUNTY RECORDER OF DEEDS OFFICE STAFF MAY N	EXAMINATION or REVIEW of your individual estate plan. <u>PLEASE</u> ve additional questions, comments or concerns regarding how to

THIS INSTRUMENT WAS PREPARED BYO FFICIAL CORMINAL \*1910247022\*

TRANSFER ON DEATH INSTRUMENT - LAGE 2 (TVL) VICTOR HENT SEX MET PUR	SUANCID § 35 LCS 2 (0/3) 45, PARAYL REAL ESTATE TRANSFER TAX LAW
As referenced on the foregoing page, the aforementioned <u>OWNER</u> or <u>OWNERS</u> described real papers. As referenced <u>OWNER</u> , or last to die of the <u>OWNERS</u> , the above-described real papers. TENANCY TYPE if multiple <u>BENEFICIARIES</u> are listed. Additionally, in the event the following <u>CONTINGENCY BENEFCIARY</u> or <u>BENEFICIARIES</u> should receive the	o now hereby <u>CONVEY</u> and <u>TRANSFER</u> , effective upon the death of the roperty to the named <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> in the specified he <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> .
BENEFICIARY (A) BENEFICIARY (B)	BENEFICIARY (C) BENEFICIARY (D)
Deorgio Rhadas	
If more <u>BENEFICIARIES</u> are desired, please attach separate sheet of paper with Also, if there are multiple beneficiaries, the DWNER or DWNER desires that the trechoose one (ONLY): JCINTT. NANTS IN COMMON W/RIGHT OF SURVIVORS	ransfer be to those BENEFICIARIES IN THE FOLLOWING TENANCY TYPE:
In the event all of the above-referenced <u>BENEFICIARIES</u> pre-decease the owner <u>CONTINGENCY BENEFICIARY (A)</u> <u>CONTINGENCY BENEFICIARY (B)</u>	/owners, the following CONTINGENCY BENEFICIARIES shall replace them.  CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)
Awight Davis	·
1, 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 DWNER NAME (A): DR. Vera Rhodes	PRINT OWNER NAME (B):
SIGNATURE OF DWNER (A): De Vera Rhoeles	SIGNATURE OF OWNER (B):
DATE SIGNED BEFORE NOTARY:	DATE SIGNED BEFORE NOTARY:
WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE We, the undersigned witnesses, hereby certify that the foregoing TODI was execut 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 coercions.	ted and signed on the date refarenced above, and signed by the owner or , him or them, and while also in the presence of one another. We also do now he belief and knowledge that the ovincr or owners, was or were, at the time of
PRINT WITNESS NAME (A): Steve Williams	PRINT WITNESS NAME (B): Ann Bruin
SIGNATURE OF WITNESS (A):	PRINT WITNESS NAME (B): <u>Ann Brown</u> SIGNATURE OF WITNESS (B): <u>Ann Brown</u>
DATE SIGNED BEFORE NOTARY: 4919	DATE SIGNED BEFORE NOTARY:
NOTARY VERFICATION SECTION:	
STATE OF ILLINOIS ) SS	DATE NOTARIZED: 41-9-19
I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEF owners, and witnesses, personally known to me to be the same persons whose names a	
instrument, appeared before me on the below date and signed, sealed and delivered the free and voluntary act, for the uses and purposes therein set forth.	foregoing instrument as their OFFICIAL SEAL ROCKEAL D KING
PRINT NOTARY NAME ROCKES & KIAGSIGNATURE DE NOTARY.	MY COMMISSION EXPIRES:09/27/20

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## UNOFFICIAL COPY

ADDITION, BEING A SUBDIVISION OF THE EAST 523 FEET OF THE NORTHEAST LOT 8 (EXCEPT THE SOUTH 20 FEET) AND ALL OF LOT 9 AND LOT 10 (EXCEPT 1/4 OF THE SOUTHWEST 1/4 OF SECTION 10, TOWNSHIP 36 NORTY, RANGE 14, THE NORTH 15 FEET) IN BLOCK 1 IN CALUMET BUSINESS CENTER, FIRST EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

39-10-307-048

JOF CC

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