INOFFICIA THIS INSTRUMENT WAS PREPARED BY: 1932916061 Fee \$88.00 FEE:\$9.00 RPRF FEE: \$1.00 EDWARD M. MOODY COOK COUNTY RECORDER OF DEEDS NAME & ADDRESS OF PROPERTY OWNER DATE: 11/25/2019 01:08 PM PG: 1 OF 3 Onrado TRACIA 1732 W. Cullerton 60608 THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the $_$ by the property owner or owners, whose name is or are: $\mathit{Conrado}$ following date: NoV. 25, 2019 , and currently live at the street address of: 1732 W. Cullerton GRACIA and anunty of: COOK _____, in the state of: _________, in the city of: with a zip code of: 60608 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 abrive-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: 10-26-1993 as document number: 93862134 with the proper County Agency in the in the State of Illinois. Furthermore, this **100** is intended to transfer the following real property: CHECK WHICH APPLIES - WRITTEN BELOW Subdivision of block 50 in the Subdivision of Section Range 14, East County. PROPERTY IDENTIFICATION NUMBER(PIN): COMMONLY REFERRED TO ADDRESS: 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 II, do now hereby CONVEY and TRANSFER, effective upon the death of the above-named OWNER, or last to die of the OWNERS, the abovedescribed 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 EDWARD M. MODDY, 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.

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the <u>OWNERS</u> , the above-described rea RES are listed. Additionally, in the even	S do now hereby <u>CONVEY</u> and <u>TRANSFER</u> Il property to the named <u>BENEFICIARY</u> or t the <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> pr	effective upon the death of the RENFFICIARIES in the specified
NES are listed. Additionally, in the even	t the BENEFICIARY or BENEFICIARIES pri	
ARY or BENEFICIARIES should receive t		e-decease the <u>UWNEK</u> or <u>UWNEKD</u> ,
DENCEIDIADY (D)	the interest outlined in this instrument, in	BENEFICIARY (D)
BENEFICIARY (B)	BENEFICIARY (C)	•
Conrad GRACINTR	Moria Gracia	Norma I DIAZ
98095 Keeler#18		16701 W. Deerw
Dak Lawn IL 60453	3 Chicago 16 60632	Lockport, IL 60
s, the OWNER or OWNER desires that the S IN COMMON W/ RIGHT OF SURVIVO	RSHIP OR- TENANTS IN COMMON	W/O RIGHT OF SURVIVORSHIP
d <u>BENEFICIARIES</u> pre-decease the own ICPATINGENCY BENEFICIARY (B)	ner/owners, the following <u>CONTINGENCY</u> <u>CONTINGENCY BENEFICIARY (C)</u>	BENEFICIARIES shall replace them. CONTINGENCY BENEFICIARY (D)
	<u>*</u> ,; 	· · · · · · · · · · · · · · · · · · ·
		
ear and affirm that the foreoging vishi	es were made as my or our free and volur	itary act for the purposes set forth.
ado Gracia		
odo Gracia	SIGNATU'XE OF OWNER (B):	
	DATE SIGNED REFORE NOTARY:	
IN 15 TO BE ATTESTED TO AND SIGNED IN	THE PRESENCE OF THE OWNERS, A	LL WITNESSES, AND NOTARY PUBLIC:
certify that the foregoing TODI was exe IDDI in our presence, at the request of t Igning our names to this instrument with I free from any undue influence or coer	ocuted and signed on the date releasance a ter, him or them, and while also in the pres h the belief and knowledge that the owner (oove, and signed by the owner or ence of one another. We also do now or or ners, was or were, at the time of
Better	PRINT WITNESS NAME (B): <u>Cov</u>	re Manning
LAD	SIGNATURE OF WITNESS (8):	one /
125/2019	OATE SIGNED BEFORE NOTARY:	11/25/19
,	CATION SECTION:	Mary Comment
NOTARY VERFII	PALIDIA GERLINIA [*]	
)	- 1	25 2019
<u>NOTARY VERFII</u>) ss)	DATE NOTARIZED:	rember 25, 2019
)	DATE NOTARIZED: AFF HEREBY CERTIFY that the owner or ser subscribed on the foregoing	FIX NOTARY STAMP BELOW:
	ease attach separate sheet of paper with the OWNER or OWNER desires that the SIN COMMON W/RIGHT OF SURVIVO desires that the SIN COMMON W/RIGHT OF SURVIVO desires the own CONTINGENCY BENEFICIARY (B) TO CRACIA A STORE ATTESTED TO AND SIGNED IN Certify that the foregoing TODI was extended on the presence, at the request of this instrument with the posterior of the paper of this instrument with the posterior of the paper of this instrument with the paper of the pap	PRINT OWNER (B): NIS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER (B): NIS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER (B): NIS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER (B): NIS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER (B): OATE SIGNED THE OWNER (B): NIS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER (B): OATE SIGNED THE OWNER (B): OATE SIG

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Beneficiary (E)
Juan Carlos Gracia
5547 S. Mayfull
Chucago, IL 60638

RECORLA

COOK COUNTY RECORDER OF DFFDS

Contion Office

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