

UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY:

Lucinda Glover

9926 So. Morgan St

Chicago, Ill 60643

NAME & ADDRESS OF PROPERTY OWNER:

Lucinda Glover

9926 So. Morgan St

Chicago, Ill 60643



2026716005

Doc# 2026716005 Fee \$39.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

EDWARD H. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 09/23/2020 10:51 AM PG: 1 OF 2

ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO 5/755 ILCS 27/1 ET SEQ

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the following date: 09/17/2020, by the property owner or owners, whose name is or are: Lucinda Glover

and currently live at the street address of: 9926 So. Morgan St in the city of: Chicago and county of: Cook, in the state of: Illinois

with a zip code of: 60643, 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 above-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: 7/26/1966 as document number: 19915875 with the proper County Agency in the County of: Cook in the State of Illinois. Furthermore, this TODI is intended to transfer the following real property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES - WRITTEN BELOW -OR- SEE ATTACHED

THE NORTH 29 FEET 3 INCHES OF THE SOUTH 87 FEET 9 INCHES OF LOT 5 IN BLOCK 1 IN MRS. HILLARDS'S SUBDIVISION OF BLOCK 3 IN HITT'S SUBDIVISION IN THE SOUTH EAST 1/4 OF SECTION 8, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD, PRINCIPAL MERIDIAN, IN COOK COUNTY, ILL.

PROPERTY IDENTIFICATION NUMBER(PIN): 2 5 - 0 8 - 4 0 3 - 0 1 8 - 0 0 0 0

COMMONLY REFERRED TO ADDRESS: 9926 South Morgan Street
Chicago, Illinois 60643

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 Ill, 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 **BENEFICIARY** or **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

SPECIAL NOTE: This form is provided compliments of **EDWARD M. MOODY, 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.

Y
P 2
S X
M Yes
SC X
E NO
INT OR

UNOFFICIAL COPY

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO 835 ILCS 200/31-45, PARA. IL REAL ESTATE TRANSFER TAX LAW

As referenced on the foregoing page, the aforementioned OWNER or OWNERS 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 BENEFICIARY or BENEFICIARIES in the specified TENANCY TYPE if multiple BENEFICIARIES are listed. Additionally, in the event the BENEFICIARY or BENEFICIARIES pre-decease the OWNER or OWNERS, the following CONTINGENCY BENEFICIARY or BENEFICIARIES should receive the interest outlined in this instrument, in the designated TENANCY TYPE:

<u>BENEFICIARY (A)</u>	<u>BENEFICIARY (B)</u>	<u>BENEFICIARY (C)</u>	<u>BENEFICIARY (D)</u>
<u>Cassandra L. Glover</u>	<u>James B. Glover</u>	<u>Victoria L. Glover</u>	_____

If more BENEFICIARIES are desired, please attach separate sheet of paper with the full names and addresses of the desired additional BENEFICIARIES. Also, if there are multiple beneficiaries, the OWNER or OWNER desires that the transfer be to those BENEFICIARIES IN THE FOLLOWING TENANCY TYPE:

CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP

In the event all of the above-referenced BENEFICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them.

<u>CONTINGENCY BENEFICIARY (A)</u>	<u>CONTINGENCY BENEFICIARY (B)</u>	<u>CONTINGENCY BENEFICIARY (C)</u>	<u>CONTINGENCY BENEFICIARY (D)</u>
<u>Craig E. Glover</u>	<u>Paul Glover</u>	_____	_____

I, 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.

x PRINT OWNER NAME (A): Lusinda Glover PRINT OWNER NAME (B): _____

x SIGNATURE OF OWNER (A): [Signature] SIGNATURE OF OWNER (B): _____

x DATE SIGNED BEFORE NOTARY: 2/17/2020 DATE SIGNED BEFORE NOTARY: _____

WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OWNERS, ALL WITNESSES, AND NOTARY PUBLIC:

We, the undersigned witnesses, hereby certify that the foregoing TODI was executed 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, 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 owner 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): <u>Vanessa D. Newsome</u>	PRINT WITNESS NAME (B): <u>Jasmine King</u>
SIGNATURE OF WITNESS (A): <u>[Signature]</u>	SIGNATURE OF WITNESS (B): <u>[Signature]</u>
DATE SIGNED BEFORE NOTARY: <u>3/17/2020</u>	DATE SIGNED BEFORE NOTARY: <u>3/17/20</u>

STATE OF Illinois)
 COUNTY OF Cook)

OFFICIAL SEAL
 NOTARY PUBLIC SECTION
 Notary Public - State of Illinois
 My Commission Expires 11/08/2021

DATE NOTARIZED: March 17, 2020

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.

PRINT NOTARY NAME: Sylvester Carter SIGNATURE OF NOTARY: [Signature]

AFFIX NOTARY STAMP BELOW:

OFFICIAL SEAL
 SYLVERSTINE CARTER
 Notary Public - State of Illinois
 My Commission Expires 11/08/2021