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THIS INSTRUMENT WAS PREPARED BY:	•
Victor P. Armendariz	A STATE OF THE SAME AND THE SAME AND THE
1704 S. 1st Ave.	#2108557837
Maywood, IL 60153 NAME & ADDRESS OF PROPERTY OWNER:	Doc# 2108557037 Fe
HERIBERTO CASTRO	KAREN A. YARBROUGH
5811 S. FRANCISCO	COOK COUNTY CLERK DATE: 03/26/2021 01:42
CHICAGO IL 60629	So the second se

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Doc# 2108557037 Fee \$39,00
RHSP FEE:\$9.00 RPRF FEE: \$1.00
KAREN A. YARBROUGH
COOK COUNTY CLERK
DATE: 03/26/2021 01:42 PM PG: 1 OF 7

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the following date: MARCH 06, 2021 , by the property owner or owners, whose name is or are: HERIBERTO and currently live at the street address of: 5811 S. FRANCISCO CASTRO and county of: COOK in the city of: CHICAGO , in the state of: ILLINOIS while Leiry of sound mind and disposing memory, do now hereby make, declare and with a zip code of: 60629 publish this **TOOL**, stating and attesting to the following. That the above-r sferenced property owner or owners, is or are, the **SOLE** owner(s) of the residential (which must be between I - 4 units) real estate, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was as document number: 0020991351 recorded on the date of: 9/10/2002 with the proper County Agency in the in the State of Illinois. Furthermore, this **100** is intended to transfer the following real property: County of: COOK CHECK WHICH APPLIES – WRITTEN BELOWN ✓ | -OR- SEE ATTACHED **LEGAL DESCRIPTION:** LOT 37 IN BLOCK 2 IN MARCUS M. HUEBSCH'S SUBDIVISION OF BLOCK 7 (EXCEPT THE WEST HALF OF THE WEST HALF THEREOF) AND BLOCK 8, IN MAHN'S SUBDIVISION OF THE SOUTH HALF OF THE NORTHWEST QUARTER OF SECTION 13, TOWNSHIP 38 NORTH RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS. 3 - 1 3 0 - 0 0 3 - 0 PROPERTY IDENTIFICATION NUMBER (PIN): 1 COMMONLY REFERRED TO ADDRESS: 5811 S. FRANCISCO AVENUE CHICAGO, IL 60629 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 KAREN A. YARBROUGH, COOK COUNTY CLERK 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 CLERK'S OFFICE STAFF MAY NOT assist you with the preparation of this, or any, legal document.

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TRANSFER ON DEATH INSTRUMENT - P	AGE 2 (THIS INSTRUMENT IS EXEMPT PURSI	UANT TO 8 35 ILCS 200/31-45, PARA, I	L REAL ESTATE TRANSFER TAX LAW	
As referenced on the foregoing page, the aforementioned <u>OWNER</u> or <u>OWNERS</u> do now hereby <u>CONVEY</u> and <u>TRANSFER</u> , effective upon the death 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> in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u> are listed. Additionally, in the event the <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> pre-decease the <u>OWNER</u> or <u>OWNERS</u> , the following <u>CONTINGENCY BENEFICIARY</u> or <u>BENEFICIARIES</u> should receive the interest outlined in this instrument, in the designated <u>TENANCY TYPE</u> :				
BENEFICIARY (A)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)	
JANETTE CASTRO	GRISELDA CASTRO	JACQUELINE CASTRO	NONE	
5811 S. FRANCISCO AVE.	5811 S. FRANCISCO AVE.	2632 W. 24TH STREET	<u> </u>	
Also, if there are multiple be rediciaries.	ase attach separate sheet of paper with t the OWNER or OWNER desires that the tra	he full names and addresses of the di insfer be to those BENEFICIARIES IN	THE FOLLOWING TENANCY TYPE:	
CHOOSE ONE (ONLY): JOINT TEXANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP				
In the event all of the above-referenced CONTINGENCY BENEFICIARY (A)	PCNFFICIARIES pre-decease the owner/ CUM INGENCY BENEFICIARY (B)	owners, the following <u>CONTINGENCY</u> <u>CONTINGENCY BENEFICIARY (C)</u>	BENEFICIARIES shall replace them. CONTINGENCY BENEFICIARY (D)	
If one of my daughters	O _x			
should die before me				
her children shall take her share. I, or we, the SOLE OWNERS hereby swe	ar and affirm that the foregoing w shes w	ere made as my or our free and volun	stary act for the purposes set forth.	
PRINT OWNER NAME (A): HERIBERTO CASTRO PRINT OWNER NAME (B):				
SIGNATURE OF OWNER (A):	leto Castro	SIGNATURE OF OWNER (B):		
DATE SIGNED BEFORE NOTARY:	03/06/2021	DATE SIGNEU BEFUPE NOTARY:		
WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE DWAY TO WARRS, 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):	uel J. Armenta G.	PRINT WITNESS NAME (B):	Ani M. Vega	
SIGNATURE OF WITNESS (A): Man	uel J. Armenta G.	SIGNATURE OF WITNESS (B):	he fur log	
DATE SIGNED BEFORE NOTARY:	<u> </u>	DATE SIGNED BEFORE NOTARY:	03/00/2021	
NOTARY VERFICATION SECTION:				
STATE OF ILLINOIS))	DATE NOTARIZED:	03/06/2021	
COUNTY OF COOK) c said County in the State aforesaid. OO HERK	EBY CERTIFY that the owner or AF	FIX NOTARY STAMP BELOW:	
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 NUTARY NAME: Cynthia M. S	/	nthin / Standy Pu	IA M. STENNER Iblic - State of Illinois sion Expires 5/01/2022	