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ILLINOIS TRANSFER ON DEATH INSTRUMENT



2117428099

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/23/2021 02:01 PM PG: 1 OF 2

NAME AND ADDRESS OF TAXPAYER:

Thomas A. Walters

721 Baileys Trl

Dayton, OH 45440

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On this date, 27 May, 2021, Thomas A. Walters (Married), residing at 721 Baileys Trl, Dayton, OH 45440 executes this transfer on death instrument. Thomas A. Walters will transfer upon death the following residential real estate in its entirety:

Street Address: 1230 N. State Pkwy., 18A and P-24

City: Chicago

County: Cook

State: Illinois

Zip Code: 60610

Property Identification Number ("PIN"): 17-04-224-049-1051 and 17-04-224-049-1116.

UNIT NUMBERS 18A AND P-24, TOGETHER WITH THEIR INDIVIDUAL PERCENTAGE INTEREST IN THE COMMON ELEMENTS, IN THE STATE TOWER CONDOMINIUM, AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT 26144509 AS AMENDED FROM TIME TO TIME, IN SECTION 4, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any, to:

Beneficiary Name, Relationship to Owner	Beneficiary Address	Share (%)
Catherine Walters, Daughter	1230 N. State Pkwy., 18A, Chicago, IL 60610	50
Noah Walters, Son	1230 N. State Pkwy., 18A, Chicago, IL 60610	50

Upon my death, I transfer my interest in the above described property to the beneficiaries as designated above.

This instrument revokes any and all prior transfer on death instruments made by the above mentioned owner for the above mentioned residential real estate.

Before my death, I have the right to revoke this instrument.

This instrument is to be recorded prior to the aforesaid owner's death in the public records in the office of the recorder of the county in which any part of the residential real estate is located.

Thomas A. Walters (Signature)
Thomas A. Walters

27 May 21
Dated

S [initials]
P [initials]
S [initials]
M [initials]
SC [initials]
E [initials]
INT [initials]

