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THIS INSTRUMENT WAS PREPARED BY:

Sattyyah Munammad	
	2120112043 Doc# 2120112043 Fee \$46.00
NAME & ADDRESS OF PROPERTY OWNER: Saffingah Muhammad 3701 Briar In Haze I Brost 74 60429	RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH COOK COUNTY CLERK DATE: 07/20/2021 10:49 AM PG: 1 OF 2
	NT /TODAY DUDGUANT TO S 755 H DD D7 // 5T D50
THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TO	NT (TODI) PURSUANT TO \$ 755 ILCS 27/1 ET SEQ. 101"), which was completed and signed before a notary public on the
following date:, by the property New York and currently live at a county of:, and county of:, and county of:	the street address of: 310 L Briar Linais ook, in the state of:
LEGAL DESCRIPTION: CHECK WHICH APPLIES - 1	WRITTEN BELOWOR- SEE ATTACHED
Single family quadlevel resi 3 bedrooms 3/2 boths, Lot Camily room, Lining room attached 2 car garage Sit PROPERTY IDENTIFICATION NUMBER(PIN): 31-0	dence win 2,996 Sqr.ft t, Livingroom, Kitchen, n, finished becoment, ruated ong Tyacre of Land 2-101-018-000
COMMONLY REFERRED TO ADDRESS: 3701	Briar Ln.
Haze1	Crest, FL 60429
Finally, the owner, or owners, while also being of competent mind and capacity, wi	nile waiving 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	n 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> on the fol	
SPECIAL NOTICE: This form is provided compliments of KAREN A. YA LEGAL ADVICE in any way, shape or form. Furthermore, it is provided WITHO PLEASE CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL to complete this form, as the COOK COUNTY CLERK'S OFFICE STAFF MAY N	BUT any TITLE EXAMINATION or REVIEW of your individual estate plan. If you have additional questions, comments or concerns regarding how the state of the state o

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TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO \$ 35 ILCS 200/31-45, PARA, IL REAL ESTATE TRANSFER TAX LAW

0 0, 0		do now hereby CONVEY and TRANSFER , ef	•
		property to the named <u>BENEFICIARY</u> or <u>BE</u>	
		t the <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> pre-o he interest outlined in this instrument, in th	
BENEFICIARY (A)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
Nadirah D. Mula			
310L Brigh		-	
Hezel Oran 7L		th the full names and addresses of the desir	and additional DENECTRIADIES
		trans <u>fer be</u> to those BENEFICIARIES IN TH	
CHOOSE ONE (ONLY): JOINT LEPARTS			
In the event all of the above-referenced CONTINGENCY BENEFICIARY (A)	BENSFICIARIES pre-decease the own CONTINGENCY BENEFICIARY (8)	er/owners, the following <u>CONTINGENCY BE</u> <u>CONTINGENCY BENEFICIARY (C)</u>	<u>NEFICIARIES</u> shall replace them. <u>CONTINGENCY BENEFICIARY (O)</u>
ilah D. Buckner	. O _F		
OL Briar Ln		-	- Address of the second
azel Crost TL I, or we, the SOLE DWNERS hereby swea	ar and affirm that the foregoing wiske	s yere made as my or our free and voluntar	y act for the purposes set forth.
\bigcirc		CT PRINT OWNER NAME (B):	, , , , , , , , , , , , , , , , , , ,
SIGNATURE OF OWNER (A):	graff The Source	SIGNA TURE OF DWNER (B):	
DATE SIGNED BEFORE NOTARY:	Phy 8, 2021	DATE SIGNED L'EFORF NOTARY:	·
		THE PRESENCE OF THE OWNER (IWRERS, ALL) such and signed on the date rare renced above	
owners as her, his, or their voluntary TU	DI in our presence, at the request of he	er, him or them, and while also in the presenc	e of one another. We also do now
		the belief and knowledge that the owner (c o ion by any parties, including us as witness.	wrers, was or were, at the time of
PRINT WITNESS NAME (A): SER L	EAN BUSTER	PRINT WITNESS NAME (B): BLH	y Nekon
SIGNATURE OF WITNESS (A):	lean But	SIGNATURE OF WITNESS (B): DSG	ty sel-
DATE SIGNED BEFORE NOTARY:	Ly 8, 2021	DATE SIGNED BEFORE NOTARY: 7	-8-2021
NOTARY VERFICATION SECTION:			
STATE OF Llings	} }22	DATE NOTARIZED: <u> </u>	1812021
COUNTY OF COOK)		υ ·

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 Share With Wishes SIGNATURE OF NOTARY

AFFIX NOTARY STAMP BELOW:

"OFFICIAL SEAL"
SHARON K. WILLIAMS
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 9/6/2024