

# UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY:

Shirley Mullin  
4030 W. Carroll Ave  
Chgo. IL. 60624



Doc# 2125919033 Fee \$41.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/16/2021 11:39 AM PG: 1 OF 3

NAME & ADDRESS OF PROPERTY OWNER:

Shirley Mullin  
4030 W. Carroll Ave.  
Chgo. IL 60624

## ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 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: 09/04/2021, by the property owner or owners, whose name is or are: Shirley Mullin

and currently live at the street address of: 4030 W. Carroll Ave  
in the city of: Chicago and county of: Cook, in the state of: Illinois

with a zip code of: 60624, 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 09/04/2021 as document number: 1125125000 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

PROPERTY IDENTIFICATION NUMBER(PIN): 16-10-403-027-0000

COMMONLY REFERRED TO ADDRESS: 4030 W. Carroll Ave

Chgo. IL. 60624

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 IL, 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 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 - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 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>William Mullin III</u>	<u>Deatra Mullin</u>		
<u>4030 W. Carroll Ave</u>	<u>89 Kensington Cir.</u>		
<u>Chgo, IL 60624</u>	<u>Wheaton IL</u>		
	<u>60189</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/D 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>DeAndre Mullin</u>	<u>Demetria Williams</u>		
<u>Quran Mullin</u>	<u>Khalia Mullin</u>		
<u>Ariana White</u>			

I, or we, the SOLE OWNERS hereby swear and affirm that the foregoing witness were made as my or our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): <u>Shirley Mullin</u>	PRINT OWNER NAME (B): _____
SIGNATURE OF OWNER (A): <u>Shirley Mullin</u>	SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: <u>09/04/2021</u>	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>Timeica E. Bethel</u>	PRINT WITNESS NAME (B): <u>Clarence Bethel</u>
SIGNATURE OF WITNESS (A): <u>T Bethel</u>	SIGNATURE OF WITNESS (B): <u>Clarence Bethel</u>
DATE SIGNED BEFORE NOTARY: <u>09/04/2021</u>	DATE SIGNED BEFORE NOTARY: <u>09/04/2021</u>

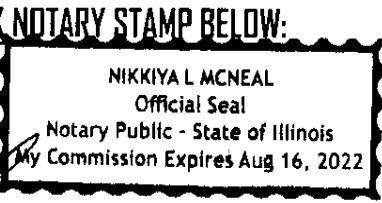
**NOTARY VERIFICATION SECTION:**

STATE OF Illinois )  
 ) SS  
 COUNTY OF Cook )

DATE NOTARIZED: 9-4-2021

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: Nikkiya L. McNeal SIGNATURE OF NOTARY: Nikkiya L. McNeal



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## Quit Claim Deed

### ILLINOIS STATUTORY

MAIL TO:

Shirley Mullin  
4030 N. CARROLL  
CHGO. IL 60624

NAME & ADDRESS OF TAX PAYER:

Shirley Mullin  
4030 N. CARROLL  
CHGO. IL 60624

THE GRANTOR(S)

Lisa Giles, of the Cook County of the State of Illinois for and in consideration of Ten (\$10.00) DOLLARS and other good and valuable consideration(s) in hand paid, CONVEY AND QUIT CLAIM to Shirley Mullin

of the County Cook and the State of Illinois, all interest in the following described real estate situated in the County of Cook, in the State of Illinois, to wit:

(LEGAL DESCRIPTION)

lot 36 in block 1 in west Chicago 12.00 company subdivision of the SWINY section 10, township 39 north, range 13, east of the third principal meridian in Cook County, Illinois

hereby releasing and waiving all rights under and by virtue of the Homestead Exemption Laws of the State of Illinois.

TO HAVE AND TO HOLD the above granted premises unto the parties of the second part forever, not as joint tenants or tenants by the entirety, but as tenants in common.

Permanent Index Number(s): 110-10-403-007-0000

Property Address: 4030 N. CARROLL CHGO. IL 60624

Dated this \_\_\_ day of \_\_\_\_\_, 2000

Lisa Giles (Seal)  
(Print or type name here)

Lisa Giles (Seal)  
(Print or type name here)

\_\_\_\_\_  
(Print or type name here)

\_\_\_\_\_  
(Print or type name here)

STATE OF ILLINOIS )

NOTE: PLEASE TYPE OR PRINT NAME BELOW ALL SIGNATURES