UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY:	
Matthew R Wildermuth	
1900 W 75th St	*2126615 649 *
Woodridge IL 60517	Doc# 2126615049 Fee \$41.00
NAME & ADDRESS OF PROPERTY OWNER:	RHSP FEE:\$9.00 RPRF FEE: \$1.00 Karen a. Yarbrough
Margaret L Collins	COOK COUNTY CLERK
5923 S Wood St	DATE: 09/23/2021 02:04 PM PG: 1 OF 2
Chicage 10 60636	
THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TOO)	- C.P
<u> </u>	wner or owners, whose name is or are: <u>Margaret LCollins</u>
	e street address of: 5923 S Wood St
	, in the state of: Illinois
with a zip code of: 60636, while being of sound min	d and disposing memory, do now hereby make, declare and
publish this TODI , stating and attesting to the following. That the abov <i>3</i> -re [*] ere	nced 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 $\omega \gamma$ c	scorded DEED or other CONVEYANCE INSTRUMENT which was
recorded on the date of: $6/20/2005$ as document number: 0517	with the proper County Agency in the
County of: Cook in the State of Illinois. Furthermore	, this Tabl is intended to transfer the following real property:
LEGAL DESCRIPTION: CHECK WHICH APPLIES - WI	RITTEN BELOW 🗸 -OR- SEE ATTACHED 🔙
SITUATED IN THE COUNTY OF COOK IN LOT 43 IN BLOCK 4 IN DEMAREST'S SUBDI	
THE SOUTH EAST 1/4 OF SECTION 18, TOWN:	
THE THIRD PRINCIPAL MERIDIAN,	
PROPERTY IDENTIFICATION NUMBER(PIN): 2 0 - 1	
COMMONLY REFERRED TO ADDRESS: 5923 S Woo	
Chicago IL	
<u>Ullivado IL</u>	

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 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 <u>DOES NOT CONSTITUTE</u>

<u>LEGAL ADVICE</u> 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 8 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 <u>OWNER</u> , or last to die of th TENANCY TYPE if multiple <u>BENEFICIARI</u>	S are listed. Additionally, in	the event the BEI	<u>VEFICIARY</u> or <u>BENEFICIA</u>	RIES pre-decease the DWNE	R or OWNERS
the following <u>CONTINGENCY BENEFCIAR</u> <u>BENEFICIARY (A)</u>	Y or <u>BENEFICIARIES</u> should <u>BENEFICIARY (</u> I		est outlined in this instrur ENEFICIARY (C	-	IARY (D)
LAFONDRA D COLLINS	-				
5923 S WOOD ST.					
CHICAGO IL 60636					
If more <u>BENEFICIARIES</u> g. 2 de sired, plea Also, if there are multiple becominaries, t <u>CHOOSE ONE (ONLY):</u> JOINT 15N/AYS	he OWNER or OWNER desire	s that the trans <u>fe</u>	<u>be</u> to those <u>BENEFICIAR</u>	IES IN THE FOLLOWING TEN	IANCY TYPE:
In the event all of the above-referenced CONTINGENCY BENEFICIARY (A)	BF:\CF!CIARIES pre-deceas CENT.NGENCY BENEFICIA		ers, the following <u>CONTIN</u> NTINGENCY BENEFICIAR		
LAFONDRA T WRIGHT	Ox	<u></u>			
5923 S WOOD ST.	<u>C</u>				
CHICAGO, IL 60636 I, or we, the SOLE DWNERS hereby swee	or and affirm that the forego	oing wis les v ere i	nade as my or our free ar	nd voluntary act for the purp	oses set forth.
PRINT OWNER NAME (A) MACS 40	et L. Coll	1450	IMT OWNER NAME (B):		
SIGNATURE OF OWNER (A): Marga	Let A. Call	te SI	INATUR! OF OWNER (B): _		
DATE SIGNED BEFORE NOTARY: 7-13			TE SIGNED LEFORF MOTAR	Y:	
WITNESS DECLARATION - THIS SECTION We, the undersigned witnesses, hereby coowners as her, his, or their voluntary TUE hereby swear and affirm that we are sign signing of sound mind and memory, and fo	ertify that the foregoing TOD Il in our presence, at the rec ing our names to this instru	I was executed and quest of her, him o ment with the beli	i signed on the date refe r them, and while also in t ef and knowledge that the	enced above, and signed by t he o resence of one another. owner (r ow) ers, was or we	he owner or We also do now
PRINT WITNESS NAME (A): mary	R.White	PR	INT WITNESS NAME (B): _	Edith Pin	16909
SIGNATURE OF WITNESS (A): Mary	R. white	SIE	NATURE OF WITNESS (B):	Epelsu	<i>~</i>
DATE SIGNED BEFORE NOTARY: $7 \frac{2}{1}$	2-2021	DA	TE SIGNED BEFORE NOTAR'	1: 7-12-a	,}
1)	<u>NOTARY</u>	VERFICATION	SECTION:		
STATE OF Illinois) 22		DATE NOTARIZED:	07-12-2021	
COUNTY OF COOK I, the undersigned, a notary public in and for owners, and witnesses, personally known to instrument, appeared before me on the below	ne to be the same persons wh	ose names are subs	cribed on the foregoing	AFFIX NOTARY STA	MP BELOW:

free and voluntary act, for the uses and purposes therein set forth.

PRINT NOTARY NAME: Angla Hongo SIGNATURE OF NOTARY:

ANGELA HONGO Official Seal Notary Public - State of Illinois