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PREPARED BY and MAIL TO:

Carolyn Fuller-Armstrong

9614 S. Euclid

Chicago, IL 60617

NAME & ADDRESS OF PROPERTY OWNER:

Carolyn Fuller-Armstrong

9614 S. Euclid

Chicago, IL 60617



2136333027

Doc# 2136333027 Fee \$41.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/29/2021 12:24 PM PG: 1 OF 3

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: 12-24-2021, by the property owner or owners, whose name is or are: Carolyn

Fuller-Armstrong, and currently live at the street address of: 9614 S. Euclid

in the city of: Chicago, and county of: Cook, in the state of: IL

with a zip code of: 60617, 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: 07-08-1970 as document number: 21 228 357 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): 2 5 - 1 2 - 1 0 5 - 0 6 0 - 0 0 0 0

COMMONLY REFERRED TO ADDRESS: 9614 S. Euclid

Chicago, IL. 60617

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.

S 1/3
S 1
M 1/3
SC 1/3
E 1/3
INT 1/3

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TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 ILCS 200/31-45, PARA. 1, 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**:

BENEFICIARY (A)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
Angela Fuller	N/A	N/A	N/A
1105 Hamilton st			
Shorewood, IL 60404			

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/O RIGHT OF SURVIVORSHIP**

In the event all of the above-referenced **BENEFICIARIES** pre-decease the owner/owners, the following **CONTINGENCY BENEFICIARIES** shall replace them.

CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
N/A	N/A	N/A	N/A

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

PRINT OWNER NAME (A): Carolyn Armstrong PRINT OWNER NAME (B): N/A
SIGNATURE OF OWNER (A): Carolyn Armstrong SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: 12/24/21 DATE SIGNED BEFORE NOTARY: N/A

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 the owner or owners voluntary TODI in our presence, at the request of the owner or owners, 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): Alexander Fuller PRINT WITNESS NAME (B): Amos S. Fuller
SIGNATURE OF WITNESS (A): [Signature] SIGNATURE OF WITNESS (B): [Signature]
DATE SIGNED BEFORE NOTARY: 12/24/21 DATE SIGNED BEFORE NOTARY: 12/24/21

NOTARY VERIFICATION SECTION:

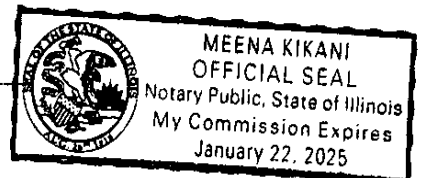
STATE OF Illinois)
) SS
COUNTY OF Will)

DATE NOTARIZED: 24th Dec 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.

AFFIX NOTARY STAMP BELOW:

PRINT NOTARY NAME: MEENA KIKANI SIGNATURE OF NOTARY: [Signature]



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Property of Cook County Clerk's Office

LOT 5 (EXCEPT THE N. 10 FT. 2 IN. AND EXCEPT THE S. 3 IN. THEREOF) IN BLOCK 16 IN VAN
VLISSINGEN HEIGHTS SUBDIVISION, A SUBDIVISION OF PARTS OF THE E. 2/3 OF THE N.W. 1/4 AND
OF THE W. 1/2 OF THE N.E. 1/4 N. OF THE INDIAN BOUNDARY LINE OF SECTION 12, TOWNSHIP 37
NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.
PIN # 25 12 105 060 0000