

# UNOFFICIAL COPY

## TRANSFER ON DEATH INSTRUMENT



\*2200619064\*

**OWNER'S NAME AND ADDRESS AND TAXES TO:**

Name Luis Meza  
Address 2317 W. Diversey  
Address Chicago IL 60647

Doc# 2200619064 Fee \$41.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/06/2022 03:16 PM PG: 1 OF 3

**BENEFICIARY'S NAME AND ADDRESS:**

Name Christine Malesky  
Address 2317 W Diversey  
Address Chicago, IL 60647

RECORDER'S STAMP

THIS TRANSFER ON DEATH INSTRUMENT made this 23 day of October, 2021, by Luis Meza [name of owner(s)], of the City of Chicago, County of Cook, State of Illinois (herein "Owner/Owners"), being the sole Owner(s) of the following legally-described residential real estate located in 2317 W Diversey Chicago IL 60647 County, Illinois:

[legal description]

Property Identification Number:

Property Address: 2317 W Diversey Ave Chicago IL 60647

The Owner(s), being of competent mind and capacity, and waiving and releasing all rights under the homestead exemption laws of the State of Illinois, hereby convey(s) and transfer(s), effective on the death of the Owner last to die, the above-described real estate to:

Christine Malesky  
[beneficiary designation]

IN WITNESS WHEREOF, the said Owner(s) has/have hereunto set his/her/their hand(s) and seal(s) the day and year first above written.

Luis Meza

NAME, Owner

NAME, Owner

### AFFIX TRANSFER TAX STAMP

OR

Exempt under provisions of 33 ILCS 200/31-45, Paragraph \_\_\_\_, Illinois Real Estate Transfer Tax Law.

Date

Buyer, Seller, or Representative

We, the undersigned witnesses, hereby certify that the above Transfer on Death Instrument was on the date thereof signed and declared by the Owner(s) as his/her/their Transfer on Death Instrument in our presence and that we, at his/her/their request and in his/her/their presence and in the presence of each other, have signed our names as witnesses thereto, believing to the best of our knowledge that the Owner(s) was/were at the time of signing of sound mind and memory, and under no undue influence.

Kathleen K. Sangano residing at

Witness

141 N Old Rand Rd Lake Zurich IL 60047  
Address

Philip Sangano residing at

Witness

761 N. OLD RAND RD  
Address LAKE ZURICH IL 60047

STATE OF ILLINOIS )

COUNTY OF \_\_\_\_\_ )

SS

I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Owner(s) and witnesses personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me this day

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in person and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 23 day of October, 2021.

[Signature]  
Notary Public

PREPARED BY AND RETURN TO:  
Name Luis Meza  
Address 2517 W. Diversely  
Address Chicago IL 60647



NOTICE OF DEATH AFFIDAVIT  
AND ACCEPTANCE OF  
TRANSFER ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:  
Name Luis Meza  
Address 2517 W. Diversely  
Address Chicago IL 60647

SEND SUBSEQUENT TAX BILL TO:  
Name  
Address  
Address

RECORDER'S STAMP

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

1. That Luis Meza [name of owner] died on \_\_\_\_\_, 20\_\_\_\_ [date], a resident of \_\_\_\_\_ County, Illinois, owning residential real estate legally described below:  
[legal description or attach exhibit]
2. That the street address of the residential real estate is \_\_\_\_\_ [address] and the property identification number is \_\_\_\_\_ [PIN].
3. That the Transfer on Death Instrument is dated \_\_\_\_\_ and recorded as Document No. \_\_\_\_\_ in the Office of the Recorder for \_\_\_\_\_ County, Illinois.
4. That the undersigned, whose names and addresses appear below, are all beneficiaries entitled to receive under the Transfer on Death Instrument:

Name	Address	Share

IN WITNESS WHEREOF, the undersigned beneficiary(ies) hereby accept the transfer of residential real estate under the transfer on death instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Beneficiary Signature \_\_\_\_\_ Beneficiary Signature \_\_\_\_\_

