TRANSFER ON DEATH INSTRUMENT Doc#. 2203839121 Fee: \$51.00

OWNER'S NAME AND ADDRESS AND TAXES TO:

Name LEONARDO J NAVA, A WIDOWER

Address 2142 N LEAVITT ST Address CHICAGO, IL, 60647

Cook County Clerk Date: 02/07/2022 09:24 AM Pg: 1 of 3

Karen A. Yarbrough

BENEFICIARY'S NAME AND ADDRESS: Name JOSE J NAVA AND CLAUDIA M ORTIZ Address 2142 N LEAVITT ST Address CHICAGO, IL, 60647	Z RECORDER'S STAMP					
	, County of COOK, State of Illinois (herein					
	EIN A SUBDIVISION IN THE WEST HALF OF THE 31, TOWNSHIP 40 NORTH, RANGE 14, EAST OF THE					
Property Identification Number: 14-'41-121-020-0000 Property Address: 2142 N' LTAVITT ST, CHICAGO	D, IL, 60647					
The Owner(s), being of competent mind and caracity, and waiving and State of Illinois, hereby convey(s) and transfer(s), effective on the death of JOSE J NAVA & CLAUDIA M ORTIZ (EACH RECEIVIN [beneficiary designation]	the Owner last to die, the above-described real estate to:					
IN WITNESS WHEREOF, the said Owner(s) has/have hereunto set his/ha Levento from howe NAME, Owner	er/their hand(s) and seal(s) the day and year first above written. NAME Owner					
AFFIX TRANSFER OR Exempt under provisions of 33 ILCS 200/31-45, Paragraph, Illinois	72					
Date Buyer, Seller, or Representative	— Office					
We, the undersigned witnesses, hereby certify that the above Transfer of by the Owner(s) as his/her/their Transfer on Death Instrument in our pre- presence and in the presence of each other, have signed our names as wi Owner(s) was/were at the time of signing of sound mind and memory, an	esence and that we, at his/her/their reques and in his/her/their itnesses thereto, believing to the best of our knowledge that the					
Witness residing at	2142 N Zearlitt					
Cottles Orthon residing at Witness	2237 N. NEVA ANE. Address					
STATE OF ILLINOIS) SS COUNTY OF COOK						

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

2203839121 Page: 2 of 3

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	notarial seal this <u>2ND</u>	day of	JAN	,2022					
1-10-	A	_ uuy o		, 20 <u></u>	_ 		OFFICIAL S	EAL	
					1		HONY FLO		
Notary Public /						NOTARY	PUBLIC, STA	TE OF ILLINOIS	
					1	My Co	ommission Ex	pires 5/3/25	
PREPARED BY AND RETURN	ITO:								
Name LEONARDO J	INAVA								
Address 2142 N LEAVI	TT ST								
Address CHIC/(GC), IL,	60647								
NOTICE OF DEATH AFF()A\)	1 T								
AND ACCEPTANCE OF	Š								
TRANSFER ON DEATH INSTA	RUMENT								
DDEDARED DV AND BETHDA	TO.								
PREPARED BY AND RETURN	10:								
Name Address	$O_{\mathcal{F}}$								
Address)							
Address	LTO;								
SEND SUBSEQUENT TAX BIL	LTO:	0/							
Name		4							
Address		•							
Address					RECORDE	R'S STAMP	1		
The undersigned beneficiar	y or beneficiaries, being c	luly swori	n on oath,	state as					
1. That		_ [name c	f owner) o	fied on _	follows:		20[d	date], a reside	nt of
1. That	y or beneficiaries, being o	_ [name c	f owner) o	fied on _	follows:		20[c	date], a reside	nt of
1. That	ounty, Illinois, owning res	_ [name c	f owner) o	fied on _	follows:		20 <u> </u> [d	date], a reside	nt of
1. That Co	ounty, Illinois, owning res	_ [name c	f owner) o	fied on _	follows:		20[c	date], a reside	nt of
That Co [legal description or atta That the street address or	ounty, Illinois, owning res ch exhibit] of the residential real estat	_ [name cidential re	of owner] o	lied on _ egally de	follows:	low:	20[o		
That Continue [legal description or attack] That the street address continue [legal description or attack]	ounty, Illinois, owning res	_ [name cidential re	of owner] o	lied on _ egally de	follows:		20[c		
That Continue	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is	_ [name cidential re	of owner] o	lied on _ egally de	follows:	low:	20[o		
That Continue	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is th Instrument is dated	_ [name cidential re	of owner) of owner) of owner) of owner) of owner, and reco	lied on _ egally de	follows:	low:	20[c		
That Continue to the property identification. That the Transfer on Dea	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is	_ [name cidential re	of owner) of owner) of owner) of owner) of owner, and reco	lied on _ egally de	follows:	low:	20[a		nt of ess] and
1. ThatCommon Common Co	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is oth Instrument is dated order for	_ [name cidential re	of owner] of owner] of owner] of owner] or owner] o	lied on _ egally de orded as l is.	follows: escribed be	[PIN].		[addr	ess] and
1. ThatComplete [legal description or attack] 2. That the street address of the property identification. 3. That the Transfer on Deal in the Office of the Recomplete.	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is oth Instrument is dated order for	_ [name cidential re	of owner] of owner] of owner] of owner] or owner] o	lied on _ egally de orded as l is.	follows: escribed be	[PIN].		[addr	ess] and
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1. ThatComplete [legal description or attact] 2. That the street address of the property identification. 3. That the Transfer on Dead in the Office of the Recomplete [legal description of	ounty, Illinois, owning res ch exhibit] of the residential real estate on number is oth Instrument is dated order for whose names and address	_ [name cidential relations]	and reco	rided as lis.	Pocument	[PIN]. No sentitled to	o receive u	[addr	ess] and
[legal description or atta 2. That the street address of the property identifications. 3. That the Transfer on Deal in the Office of the Reco	ounty, Illinois, owning res ch exhibit] of the residential real estat on number is th Instrument is dated order for whose names and addres Address undersigned beneficiary(_ [name clidential relation in the clidential relation relation relation relation relation relation re	and recounty, Illino	rided as lis.	Pocument	[PIN]. No sentitled to	o receive u	[addr	ess] and

2203839121 Page: 3 of 3

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Beneficiary Print Name	. Beneficiary Print Name
STATE OF ILLINOIS)
COUNTY OF) SS)
I, the undersigned, a Notary Public in and f	or the said County, in the State aforesaid, DO HEREBY CERTIFY THAT [NAME OF BENEFICIARY(IES)], personally known to me to be the same person(s)
whose name(s) is/are subscribed to the forego going affidavit.	ing instrument, appeared before me this day in person and swore on oath to the above fore-
Signed and sworn to before me this	day of, 20
Notary Public	_
	Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of n death instrument effective. You should consult a lawyer before using this form.
	n death instrument effective. You should consult a lawyer before using this form.
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	CASO OFFICE