## Attorney Gina Smith 19150 Kedzie, Suite 204 Homewood, IL 60430 NAME & ADDRESS OF PROPERTY OWNER: Amanda Miles 7714 S. Ridgeland Chicago, Illinois

## 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				
notary public on the following date:	, by the property owner or owners,			
whose name(s) is/are: Amanda Miles	, and currently live(s)			
at the street address of: 7714 S. Ridgeland	in the City of: Chicago			
and County of: Cook	in the State of: Illinois with a			
	ng of Jound mind and disposing memory, do/does now hereby make(s),			
	attesting $\mathbf{t}_i$ the following: That the above-referenced property owner(s), is/			
	der a duly recorded DEED or other CONVEYANCE INSTRUMENT which was as document number: 95787742 with the			
proper County Agency in the County of:Coo	k in the State of Illinois. Furthermore, this TODI is			
intended to transfer the following real property:				
	LIES - WRITTEN BELOW -er- SEE ATTACHED			
	EING A SUBDIVISION OF BLOCKS 17 AND 19, INCLUSIVE  IVE, IN JAMES STONSON'S SUBDIVISION OF EAST			
	ST 1/4 OF SECTION 25 , TOWNSHIP 38 NORTH			
	CIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.			
PROPERTY INDEX NUMBER(PIN): 2	0-25-318-025-060			
COMMONLY REFERRED TO ADDRESS:	19 South Ridgeland, Chicago, Illinois 60649			
-				
· · · · · · · · · · · · · · · · · · ·	etent mind and capacity, while waiving and releasing all rights under Illinois, do(es) now hereby <b>CONVEY</b> and <b>TRANSFER</b> , effective upon the			

SPECIAL NOTICE: This form is provided compliments of COOK COUNTY CLERK KAREN A. YARBROUGH, and DOES NOT CONSTITUTE LEGAL ADVICE. 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. COOK COUNTY CLERK'S OFFICE STAFF MAY NOT assist you with the preparation of this, or any legal document.

death of the above-named <u>OWNER</u>, or last to die of the <u>OWNERS</u>, the above-described real property to the named <u>BENEFICIARIES</u> on the following page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u>.

## TRANSFER ON DEATH INSTRUMENT PAGE (NUM INSTRUMENT'S EXEMPT PURSUANT TO \$ 25 ILLS 200/31-45, PARA, PROPERTY TAX CODE)

As referenced on the foregoing page, the aforementioned OWNER(S) does 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 predecease the OWNER or OWNERS, the following CONTINGENCY BENEFICIARY or BENEFICIARIES should receive the interest outlined in this instrument, in the designated TENANCY TYPE:

Chicago, IL 60644 Chicago If more BENEFICIARIES are desired, please attach s Also, if there are multiple beneficiaries, the OWNE TENANCY TYPE: CHOOSE ONE (ONLY): 10'NT TENANTS IN COMMO In the event all of the above referenced BENEFICIA replace them:	e Gilty	BENEFICIARY (C) Taylor Brent Molden	BENEFICIARY (D)
If more BENEFICIARIES are desired, please attach s Also, if there are multiple beneficiaries, the OWNE TENANCY TYPE: CHOOSE ONE (ONLY): In the event all of the above referenced BENEFICIA replace them: CONTINGENCY BENEFICIARY (A) CONTINGENCY	V. Washington	771 <b>9</b> S. Ridgeland	
Also, if there are multiple beneficiaries, the OWNE TENANCY TYPE: CHOOSE ONE (ONLY): In the event all of the above referenced BENEFICIA replace them: CONTINGENCY BENEFICIARY (A) CONTINGENCY	go, IL 60644	Chicago, Il 60649	
replace them:  CONTINGENCY BENEFICIARY (A)  CONTINGENCY	ER(S) desire(s) receiv	ve the transfer, it should be BENEFICE	ARIES IN THE FOLLOWING
CONTINGENCY BENEFICIARY (A) CONTINGENCY	ARIES pre-decease t	he owner/owners, the following COI	NTINGENCY BENEFICIARIES shall
I, or we, the SOLE OWNER(S) hereby swear and aff	Y BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
I, or we, the SOLE OWNER(S) hereby swear and aff			
purposes set forth.	firm that the forego	ing wishes were made as my/our fre	ee and voluntary act for the
PRINT OWNER NAME (A): Amanda 1	Miles T	PRINT OWNER NAME (B):	
SIGNATURE OF OWNER (A): Umanda	Miles	SIGNATURE OF OWNER (B):	
DATE SIGNED BEFORE NOTARY: 04-0	32000	DATE SIGNED BEFORE NOTARY: _	
, , , , , , , , , , , , , , , , , , ,		IS TO BE ATTLETED TO AND SIGNED IN	
PRESENCE OF THE We, the undersigned witnesses, hereby certify the		ALL WITNESSES, A ND A NOTARY PUBL	
signed by the owner(s) as her, his, or their volunta			
presence of one another. We also do now hereby			
and knowledge that the owner or owners, was or		of signing of sound mind and mean	ory, and free from any undue
influence or coercion by any parties, including us	as witnesses.		
PRINT WITNESS NAME (A):	erus	PRINT WITNESS NAME (B):	ric Grad
SIGNATURE OF WITNESS (A):	-lening	SIGNATURE OF WITNESS (B):	
DATE SIGNED BEFORE NOTARY: 0 0500	-NOOD	DATE SIGNED BEFORE NOTARY:	C55-02-2003
	NOTARY VERIFIC	CATION SECTION:	
STATE OF Illinois	)	DATE NOTARIZED: 6	2-009-9-
COOK COUNTY OF	)SS )		
I, the undersigned, a notary public in and for said C the owner or owners, and witnesses, personally kr			

the owner or owners, and witnesses, personally known to me to be the same persons whose names a subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed a delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein forth.

PRINT NOTARY NAME:

SIGNATURE OF NOTARY:

Notary Public, State of Illinois

My Commission Expires

November 27, 2023