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PG: 1 OF 2

THIS INSTRUMENT WAS PREPARED BY:  Decover Fround  1843. S. Wale Aug.  Chicago, IL 60643  NAME & ADDRESS OF PROPERTY OWNER:  Elsie Southern  6946 S. May Steet  Chicago, IV. 60621	*2218115043*  Doc# 2218115043 Fee \$41.00  RHSP FEE:S9.00 RPRF FEE: \$1.00  KAREN A. YARBROUGH  COOK COUNTY CLERK  DATE: 06/30/2022 01:59 PM PG: 1 0
ILLINDIS RESIDENTIA TRANSFER ON DEATH INSTRUMENT	
THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI")	), which was completed and signed before a notar
$ \frac{1}{2} \left( \frac{1}{2} \left( \frac{1}{2} \right) \frac{1}{2} $	

efore a notary public on the by the property owner or owners, whose name is or are: and currently live at the street address of: b and county of:  ${\it CQD}$ in the city of: ( , in the state of:  $\Box$ with a zip code of: 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 1999 as document number: (141) 120,88 recorded on the date of: I with the proper County Agency in the in the State of Illinois. Furthermore, this TLG1 is intended to transfer the following real property: CHECK WHICH APPLIES - WRITTEN RELOW PROPERTY IDENTIFICATION NUMBER (PIN): COMMONLY REFERRED TO ADDRESS: 1'C AGO

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 DWNER, or last to die of the OWNERS, the abovedescribed 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.

## **UNOFFICIAL COPY**

	AGE 2 (THIS INSTRUMENT IS EXEMPT PURS		
above-named <u>OWNER</u> , or last to die of t TENANCY TYPE if multiple <u>BENEFICIAR</u>	e aforementioned <u>DWNER</u> or <u>DWNERS</u> di he <u>DWNERS</u> , the above-described real pi <u>IES</u> are listed. Additionally, in the event th <u>RY</u> or <u>BENEFICIARIES</u> should receive the	roperty to the named <u>BENEFICIARY</u> or <u>B</u> ie <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> pre-	ENEFICIARIES in the specified decease the DWNER or OWNERS.
BENEFICIARY (A)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
Derek L. Southern	J		
1843 S. Hale Ave	· · · · · · · · · · · · · · · · · · ·		•
Hickgo, IC 60643			
If more <b><u>BENEFICIARIES</u></b> are desired, ple Also, if there are multiple boneficiaries,	ease attach separate sheet of paper with the DWNER or DWNER desires that the tr IN COMMON W/ RIGHT OF SURVIVORS	ans <u>fer b</u> e to those <u>BENEFICIARIES IN T</u>	IE FOLLOWING TENANCY TYPE:
In the event all of the above-referenced CONTINGENCY BENEFICIARY (A)	PENECICIARIES pre-decease the owner COMUNISENCY BENEFICIARY (B)	owners, the following <u>CONTINGENCY B</u> <u>CONTINGENCY BENEFICIARY (C)</u>	ENEFICIARIES shall replace them. CONTINGENCY BENEFICIARY (D)
51ephon King 6946 & Mayer	, Ox		
CHOMO IC 606	ar and affirm that the foregoing wirnes v	ere made as my or our free and volunta	ary art for the ouronses set forth
PRINT OWNER NAME (A): £Lsig		PRINT DWNER NAME (B):	
SIGNATURE OF DWNER (A): Elsique	- there	SIGNATURE OF OWNER (B):	
DATE SIGNED BEFORE NOTARY: $6/2$	7/2022.	DATE SIGNED UFFORE MOTARY:	
We, the undersigned witnesses, hereby o owners as her, his, or their voluntary TO hereby swear and affirm that we are sig	IS TO BE ATTESTED TO AND SIGNED IN THE certify that the foregoing TODI was execut DI in our presence, at the request of her, ning our names to this instrument with the ree from any undue influence or coercion	ed and signed on the date referenced abo him or them, and while also in the preser e belief and knowledge that the owner or	ve, and signed by the owner or ice of one another. We also do now own ars, was or wore, at the time of
PRINT WITNESS NAME (A): _ <b>Eyn</b>	ice Wade	PRINT WITNESS NAME (B):	120 Wood and
SIGNATURE OF WITNESS (A):	mi Wale	SIGNATURE OF WITNESS (B):	y World
DATE SIGNED BEFORE NOTARY:	21 /0022	DATE SIGNED BEFORE NOTARY:	27/2022
- T/( i./aic	NOTARY VERFICAT	TION SECTION:	***************************************
COUNTY OF COOK	) SS	DATE NOTARIZEDS	OFFICIAL SEAL MARY L BROWN OTARY PUBLIC - STATE OF ILLINOIS AY COMMISSION EXPRESSION
owners, and witnesses, personally known to	said County, in the State aforesaid, DO HERR me to be the same persons whose names are w date and signed, sealed and delivered the f poses therein set forth.	e subscribed on the foregoing	OFFICIAL SE
PRINT NOTARY NAME: May B	SIGNATURE OF NOTARY: W	myhn_	MARY L BRI NOTARY PUBLIC - STALLE OF THE MOI MY COMMISSION EXPIRES 04/06/23

NOTARY PUBLIC - \$1.4 \(\pi\) OF \(\pi\) NOIS MY COMMISSION EXPIRES.04/06/23