## THIS INSTRUMENT WAS PREPARED BY MAIL TO: C AL COPY Bachalla D. Calaman

Rochelle D. Coleman			
9720 S. Pulaski Rd., Apt. 201	*2218915050*		
Oak Lawn, IL 60453	Doc# 2218915050 Fee \$41.00		
	RHSP FEE: \$9.00 RPRF FEE: \$1.00		
NAME & ADDRESS OF PROPERTY OWNER:	KAREN A. YARBROUGH		
Rochelle D. Coleman	COOK COUNTY CLERK		
9720 S. Pulaski Rd., Apt. 201	DATE: 07/08/2022 03:33 PM PG: 1 OF 2		
Oak Lawn II 60453			

## PURSUANT TO § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT	(hereinafter referred to a	is a TODI), which wa	s completed and signed	before a
notary public on the following date:	, 2022		, by the property owner or owners,	
whose name(s) is/are: Rochelle D. Coleina			, and curren	tly live(s)
at the street address of: 9801 S. Prairie Av	e	in the City of: _C	hicago	
and County of: Cook	in the St	ate of: Illinois		with a
zip code of: 60628 while	e being of sound mind a	nd disposing memo	ry, do/does now hereby	make(s),
declare(s) and publishes this TODI, stating	and attesting to the follo	wing: That the above	-referenced property owr	ier(s), is/
are, the SOLE owner(s) of the real propert	y, under a duly recorded	DEED or other CON	VEYANCE INSTRUMENT W	hich was
recorded on the date of: April 5, 2007	as documen	ោumber: <u>0710142</u>	096	with the
proper County Agency in the County of:	Cook	in the State	of Illinois. Furthermore, th	is TODI is
intended to transfer the following real prop	erty:	0		
LEGAL DESCRIPTION: CHECK WHICH	APPLIES – 🗓 WRITTE	N BELOW	SEE ATTACHED	
LOT 40 IN BLOCK 18 IN SECOND ROSE	LAND HEIGHTS SUBDIN	ISION OF EAST 2/3	OF THE NORTHWEST	
1/4 OF SECTION 10, TOWNSHIP 37 NO	ORTH, RANGE 14, EAST	OF THE THIRD PRIN	CIPAL MERIDIAN, IN C	оок
COUNTY, ILLINOIS.			<b>7</b> /\$c.	
PROPERTY INDEX NUMBER(PIN):	25_10_1	2 3 - 0 0	1 0 0 0 0	
COMMONLY REFERRED TO ADDRESS:	9801 S. PRAIRIE AVE.			
_	CHICAGO, IL 60628			

Finally, the owner(s), while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of Illinois, do(es) now hereby <u>CONVEY</u> and <u>TRANSFER</u>, effective upon the 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>BENEFICIARY</u> or <u>BENEFICIARIES</u> on the following page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u>.

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.

2218915050 Page: 2 of 2

## **UNOFFICIAL COPY**

## TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 ILCS 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:

BENEFICIARY (A) AIESHA A. COBB	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
9801 S. PRAIRIE AVE.	- 11 - 27 - 28 - 29 - 29 - 20 - 20 - 20 - 20 - 20 - 20		
CHICAGO IL 60628			
Also, if there are multiple Jeneficia TENANCY TYPE:	aries, the OWNER(S) desire(s) receiv	per with the full names of the desire the transfer, it should be BENEFIC	IARIES IN THE FOLLOWING
In the event all of the above-refers replace them:	anced BENEFICIARIES pre-decease the	ne owner/owners, the following COI	NTINGENCY BENEFICIARIES shall
CONTINGENCY BENEFICIARY (A) MICHAEL A. DOWNS	CON FINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
9720 S. PULASKI RD., APT. 201			
OAK LAWN IL 60453			
PRINT OWNER NAME (A): BOGH SIGNATURE OF OWNER (A): DATE SIGNED BEFORE NOTARY:	1 (1)	PRINT OWNER NAME (B):  SIGNATURE OF OWNER (B):  DATE SIGNED BEFORE NOTARY: _	
\ <u></u>		S TO BE ATTESTED TO AMD SIGNED IN	
We, the undersigned witnesses, h signed by the owner(s) as her, his, presence of one another. We also	ereby certify that the foregoing TO or their voluntary TODI in our pres do now hereby swear and affirm towners, was or were, at the time ces, including us as witnesses.	DI was executed and signed on the sence, at the request of her, him or hat we are signing our names to hof signing of sound mind and memoral or signing or sound mind and memoral or signing or signing or sound mind and memoral or signing or	date referenced above, and them, and while also in the is instrument with the belief
<del></del>	NOTARY VERIFIC	1 1	dana
STATE OF	) )SS	DATE NOTARIZED:	1/2022
COUNTY OF <u>COOK</u>	)		
I the undersianed a neter multi-	in and for said County in the State o	oferencial DO HEDERY CERTIFY AL A	AFFIX NOTARY STAMP RELOW:

I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY the 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 se forth.

PRINT NOTARY NAME: ZELLA M. COLEMAN

SIGNATURE OF NOTARY:

ZELLA M COLEMAN
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
September 16, 2024