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| TRANSFER ON DEATH INSTRUMENT | 16000 1610 1601 1610 1610 1610 1610 1611 |
|--|--|
| | Doc# 2219222024 Fee \$41.00 |
| OWNER'S NAME AND ADDRESS AND TAXES TO: | |
| Name OSCAR PATTERSON Address 12115. LASALLEST | RHSP FEE:\$9.00 RPRF FEE: \$1.00 |
| Address 12111 S. LASALLEST | KAREN A. YARBROUGH |
| Address CHICAGO, IL 60628 | COOK COUNTY CLERK |
| BENEFICIARY'S NAME AND ADDRESS: | DATE: 07/11/2022 01:35 PM PG: 1 OF |
| Name ARCEKIE DEWMAN-LANDELD | |
| | |
| Address /2113, LA SAULES (| RECORDER'S STAMP |
| Address CHICAGO, IL COCLE 28 | |
| THIS TRANSFER ON DEATH INSTRUMENT made this day of day of county [Owner/Owners"), being the sole Owner(s) of the following legally-described resider | _20 22 by OSCAR PAHERS ON of COOK, State of Illinois (herein tial real estate located in COOK |
| County, Illinois: | |
| [legal description] 3BES 2BAH, BRICK HOUSE, ta SARAJE FRAME, WIBASEME Property Identification Number: 25-28-221-083-0 | 90 Story, two Car net (un finished) |
| Property Identification Number: 25-28-221-08:3-0 | 000 |
| Property Address: 1211 S. L. + SALLE ST, CHICAE | 70:IL 60628 |
| 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 ARIGATE NEW MANI-LAND- | last to die, the above-described real estate to: |
| [beneficiary designation] | |
| (Lartatesen NAME, Owner MANIE, O | Owner |
| ACCUATO ANGLED TAY GTANG | |
| OR Exempt under provisions of 33 ILCS 200/31-45, Paragraph, Illinois Real Estate | 0// |
| Date Buyer, Seller, or Representative | — O.a |
| | |
| We, the undersigned witnesses, hereby certify that the above Transfer on Death Incomply the Owner(s) as his/her/their Transfer on Death Instrument in our presence and presence and in the presence of each other, have signed our names as witnesses the Owner(s) was/were at the time of signing of sound mind and memory, and under not witness Witness Address Witness Address | I that we, at his/her/their request and in his/her/their ereto, believing to the best of our knowledge that the oundue influence. 25 169th St. Country Club Hills II 60973 |
| STATE OF ILLINOIS) SS | |
| COUNTY OF ('ぬわた) | |

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 signe purposes therein set forth. | d, sealed, and delivered the said | instrument as their free and voluntar | y act, for the uses and |
|---|--|--|---------------------------|
| Given under my hand and notarial seal thi Notary Public | s_leth_day of June_, 2 | Official Se. Cheryl North Notary Public State My Commission Expi | cutt of Illinois |
| PREPARED BY AND RETURN TO: Name OSCAR PATHERS ON Address (ZIII S. LASALLE STADDESS NOTICE OF DEATH A FIF AVIT | , CHICAGO, IL 6162 | 8 | |
| AND ACCEPTANCE OF TRANSFER ON DEATH INSTITUTION FOR | | | |
| PREPARED BY AND RETURN TO: Name Address Address | | | |
| SEND SUBSEQUENT TAX BILL TO: Name AREEN DEW MAI Address 12111 S. LASALLE Address | u-LAIIDFELD ST. CHICHGO.IL (el |) G 2 岩 RECORDER'S STAMP | |
| The undersigned beneficiary or beneficiary 1. That County, Illinois, | | ed on 20[| (date], a resident of |
| [legal description or attach exhibit]2. That the street address of the residention the property identification number is | al real estate is 12105. | LASALLESTICH IC AGO, | I 60 (28 [address] and |
| 3. That the Transfer on Death Instrument in the Office of the Recorder for | is dated and record County, Illinois. | ded as Document No. | |
| 4. That the undersigned, whose names Death Instrument: | and addresses appear below, are | e all beneficiaries entitled to receive | under the Transfer on |
| Name | Address | <u>Share</u> | |
| IN WITNESS WHEREOF, the undersigned binstrument thisday of | | transfer of residential real estate unde | er the transfer on death |
| Beneficiary Signature | В | eneficiary Signature | |

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| Beneficiary Print Name ARELENE DEWMAN-LAND FIELD Beneficiary Print Name |
|--|
| STATE OF ILLINOIS) |
| COUNTY OF COUNTY OF |
| I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT ARLEAE [NAME OF BENEFICIARY(IES)], personally known to me to be the same person(s) |
| whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit. |
| Signed and sworn to before me this Leth day of June 20 22. Official Seal |
| Cheryl Northcutt Notary Public State of Illinois My Commission Expires s/26/2023 |
| Motally Fubility |
| NOTICE: This Notice of Deat' A fidavit and Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of the death of the owner to make the transfer on death instrument effective. You should consult a lawyer before using this form. |
| Of County Clerk's Office |
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Lot 188 UNOFFICIAL CORY ridge addition being A subdivision of the South East 14 of the North East 14. DF Scotion 28, Township 37, North range 14, East or the Third Principal prot mérodan Cexcept structs hereto. for DeDicated) At August 2, 1923 As Document No 8049657 In COOK County, Il Rinois.