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THIS INSTRUMENT WAS PREPARED BY/MAIL TO:

DREYFUS LAW GROUP

2040 N HARLEM AVE

ELMWOOD PARK, IL 60707

NAME & ADDRESS OF PROPERTY OWNER:

GUILLERMINA GONZALEZ

2032 N NORDICA AVE

CHICAGO, IL 60707



Doc# 2219317023 Fee \$41.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 07/12/2022 01:08 PM PG: 1 OF 2

ILLINOIS REAL PROPERTY TRANSFER ON DEATH INSTRUMENT (TODI) 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 a notary public on the following date: JULY 08, 2022, by the property owner or owners, whose name(s) is/are: GUILLERMINA GONZALEZ, and currently live(s) at the street address of: 2032 N NORDICA AVE., in the City of: CHICAGO, and County of: COOK, in the State of: ILLINOIS with a zip code of: 60707, while being of sound mind and disposing memory, do/does now hereby make(s), declare(s) and publishes this TODI, stating and attesting to the following: That the above-referenced property owner(s), is/are, the **SOLE** owner(s) of the real property, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was recorded on the date of: JUNE 16, 2022 as document number: 2216747021 with the proper County Agency in the County of: COOK in the State of Illinois. Furthermore, this TODI is intended to transfer the following real property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES – WRITTEN BELOW SEE ATTACHED

LOT 8 IN BLOCK 4 IN CHARLES CHRISTMANN'S SECOND HILLSIDE ADDITION TO MONT CLARE BEING A
SUBDIVISION OF THE WEST 2/3 OF THE SOUTHWEST 1/4 OF THE NORTHWEST 1/4 OF SECTION 31, TOWNSHIP 40
NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

PROPERTY INDEX NUMBER(PIN): 1 3 - 3 1 - 1 2 5 - 0 4 7 - 0 0 0

COMMONLY REFERRED TO ADDRESS: 2032 N NORDICA AVE.

CHICAGO, IL 60707

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 **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** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

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.

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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 pre-decease 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)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
MICHELLE TORRES	TOMAS TORRES (D.O.B. 08/31/1980)		
2436 W TAYLOR ST	2032 N NORDICA AVE		
CHICAGO, IL 60707	CHICAGO, IL 60707		

If more BENEFICIARIES are desired, please attach separate sheet of paper with the full names of the desired additional BENEFICIARIES. Also, if there are multiple beneficiaries, the OWNER(S) desire(s) receive the transfer, it should be BENEFICIARIES IN THE FOLLOWING TENANCY TYPE:

CHOOSE ONE (ONLY): JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP

In the event all of the above referenced BENEFICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them:

CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)

I, or we, the SOLE OWNER(S) hereby swear and affirm that the foregoing wishes were made as my/our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): Guillermina Gonzalez PRINT OWNER NAME (B): _____
SIGNATURE OF OWNER (A): Guillermina Gonzalez SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: 7-8-22 DATE SIGNED BEFORE NOTARY: _____

WITNESS DECLARATION – THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OWNERS, ALL WITNESSES, AND A NOTARY PUBLIC:

We, the undersigned witnesses, hereby certify that the foregoing TODI was executed and signed on the date referenced above, and signed by the owner(s) as her, his, or their voluntary TODI in our presence, at the request of her, him or them, and while also in the presence of one another. We also do now hereby swear and affirm that we are signing our names to this instrument with the belief and knowledge that the owner or owners, was or were, at the time of signing of sound mind and memory, and free from any undue influence or coercion by any parties, including us as witnesses.

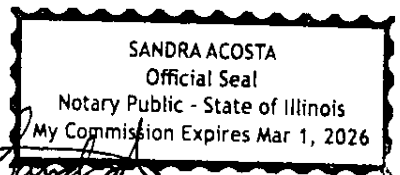
PRINT WITNESS NAME (A): Daniela Ibarra PRINT WITNESS NAME (B): Antonio Rebolledo
SIGNATURE OF WITNESS (A): [Signature] SIGNATURE OF WITNESS (B): [Signature]
DATE SIGNED BEFORE NOTARY: 07/08/2022 DATE SIGNED BEFORE NOTARY: 7/8/22

NOTARY VERIFICATION SECTION:

STATE OF ILLINOIS)
)SS
COUNTY OF COOK)
DATE NOTARIZED: July 8, 2022

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

AFFIX NOTARY STAMP BELOW:



PRINT NOTARY NAME: Sandra Acosta SIGNATURE OF NOTARY: [Signature]