| THIS INSTRUMENT WAS PREPARED BY/MAIL TO:                                      |   |
|---|---|
| Stephanie Chapman   |   |
| 627 N. Carroll pkay +206  | *2226525005*  |
| G-lenwood 11 60425  | Doc# 2226525005 Fee \$41.00                                   |
| NAME & ADDRESS OF PROPERTY OWNER:   | RHSP FEE:\$9.00 RPRF FEE: \$1.00<br>KAREN A. YARBROUGH        |
| Stephanie Chapman   | COOK COUNTY CLERK   |
| 627 N. Carroll pkux #206  | DATE: 09/22/2022 09:20 AM PG: 1 OF 3                          |
| G/eNWOOd 16 60425   |   |
|   |   |
| JELINOIS REAL PROPERTY TRANSFER ON  | DEATH INSTRUMENT (TODI)                                       |
| PURSUANT TO § 755 ILCS  | S 27/1 ET SEQ.  |
| THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to a                  | as a TODI) which was completed and signed before              |
| notary public on the following dat : 9/9/2022                                 | by the property owner or owners.                              |
| whose name(s) is/are: Stephania Chapman                                       | , and currently live(s  |
| at the street address of: 627 N. Carrill pkay                                 |   |
| <b>A</b> ,  | ate of: $\frac{I}{I}$ / $\frac{I}{I}$ with                    |
| zip code of: 425 , while being of sound mind a                                | · · · · · · · · · · · · · · · · · · ·                         |
| declare(s) and publishes this TODI, stating and attesting to the follow       |   |
| are, the SOLE owner(s) of the real property, under a duly recorded            |   |
| recorded on the date of: $\frac{6/20/P}{}$ as do union                        |   |
| · / / · · · / · · · · · · · · · · · · ·                                       |   |
| proper County Agency in the County of:  | in the State of Illinois. Furthermore, this TODI              |
| intended to transfer the following real property:                             |   |
| LEGAL DESCRIPTION: CHECK WHICH APPLIES - WRITTE                               | N BELOW - or - USEE ATTACHED                                  |
|   | 74,   |
|   | \$  |
|   | 0,5   |
| PROPERTY INDEX NUMBER(PIN): 33-07-1   | 04-114-6000   |
| COMMONLY REFERRED TO ADDRESS: 2569 20   | ake Shore Dirive  |
| 24/10000  | 16 60411  |
| Finally, the owner(s), while also being of competent mind and capa            | city, while waiving and releasing all rights under            |
| the Homestead Exemption laws of the State of Illinois, do(es) now             | nereby <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> , | , , , , , , , , , , , , , , , , , , ,                         |
| BENEFICIARY or BENEFICIARIES on the following page in the specif              | red <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u> .    |

LINOFFICIAL COPY

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 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) BENEFICIARY (B)** BENEFICIARY (C) BENEFICIARY (D) Julian Chapman 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): 17 JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP In the event all of the ablive 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)** ade Taylor Jecoma Boyles I, or we, the SOLE OWNER(S) hereby swear and attirg that the foregoing wishes were made as my/our free and voluntary act for the purposes set forth. PRINT OWNER NAME (A): Stephanie Chapman PRINT OWNER NAME (B): SIGNATURE OF OWNER (A): Stephene Channas SIGNATURE OF OWNER (B): DATE SIGNED BEFORE NOTARY: PAIT SIGNED BEFORE NOTARY: WITNESS DECLARATION - THIS SECTION IS TO BE A TESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OWNERS, ALL WITNESSE', 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 requise 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 rames 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): Michael McUlmay Jr PRINT WITNESS NAME (B): SIGNATURE OF WITNESS (A): Nichay SIGNATURE OF WITNESS (8)? DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: NOTARY VERIFICATION SECTION: DATE NOTARIZED: )SS AFFIX NOTARY STAMP BELOW: 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 as delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set "OFFICIAL SEAL"

JEANICE WILSON JACKSON forth. Notary Public, State of Illinois res 2/17/2023 بنوي E PRINT NOTARY NAME:

'OFFICIAL SEAL JEANICE WILSON JACKSON Notary Public, State of Illinois Page 2 of 2 -JEANICE WILSON JACKSON

Notary Public, State of Minois My Commission Expires 2/17/2023 Rev. 02.08.22

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## LEGAL DESCRIPTION

LOT 21 (EXCEPT THE WEST 29.43 FEET AND EXCEPT THE EAST 5 FEET THEREOF) IN LAKE LYNWOOD UNIT 7, BEING A SUBDIVISION OF PART OF THE NORTHWEST 1/4 OF SECTION 7, TOWNSHIP 35 NORTH, RANGE 15, EAST OF THE THIRD PRINCIAPL MERIDIAN, IN COOK COUNTY, ILLINOIS

Address commonly known as: 2569 Lake Shore Drive Lynwood, IL (0411