THIS INSTRUMENT WAS PREPARED EXAMILED: CAL COPY MIGNATIONAL, LLC POBOX 803 OAKLAWN IL 60454 NAME & ADDRESS OF PROPERTY OWNER: BAR BARA BOX 4136 W 21 TH PL CHICAGO IL 60623 COPY *2229222043* *2229222043 Fee \$41.80 RHSP FEE: \$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH COOK COUNTY CLERK DATE: 10/19/2022 03:06 PH PG: 1 OF 2

PURSUANT TO § 755 ILCS 27/1 ET SEQ.

		DI), which was completed and signed before a		
notary public on the following date: 49/	15/2022	by the property owner or owners,		
whose name(s) is/are: BAR BARA	BOX	, and currently live(s)		
at the street address of: 4136 W.21	THPL in	the City of: CHICAGO		
and County of: COOK	, in the State of:	<u> </u>		
zip code of: 60623 , whi	le being of sound mind and disp	posing memory, do/does now hereby make(s),		
		hat the above-referenced property owner(s), is/		
		or other CONVEYANCE INSTRUMENT which was		
recorded on the date of: 11/09/1994		er: 94956126 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 pro	perty:	C		
LEGAL DESCRIPTION: CHECK WHICH	I APPLIES – 🗵 WRITTEN BELO	W SEE ATTACHED		
Lot 28 in block 3 in the subd	livision of block 2,3 and	6 inT.F phillips equitable land ass		
ociation addition to chicago	in the southeast 1/4 of s	section 22,township 39 north ,range		
13,east of the third principal	meridian,in cook count	y illinois.		
PROPERTY INDEX NUMBER(PIN):	1 6 2 2 4 2 3	3 0 2 8 0 00		
COMMONLY REFERRED TO ADDRESS: 4136 W 21TH PL				
	CHICAGO IL 60623			

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 PURSUAN) 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:

AQUILLARY.WILLIS	ANTHONY'D'BOX	BENEFICIARY (C)	BENEFICIARY (D)
15016 VINE AVE	1601 ELM ST		
HARVEY IL 60426			
Also, if there are multiple beneficia TENANCY TYPE:	ries, the OWNER(S) desire(s) receiv	per with the full names of the desire e the transfer, it should be BENEFICE //VORSHIP-OR- TENANTS IN COM	ARIES IN THE FOLLOWING
In the event all of the above- efc.rel replace them:	nced BENEFICIARIES pre-decease th	ne owner/owners, the following COI	NTINGENCY BENEFICIARIES shall
CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
	<u> </u>		<u></u>
I, or we, the SOLE OWNER(S) hereb purposes set forth.	y swear and affirm that the foregoi	ng wishes were made as my/our fre	e and voluntary act for the
PRINT OWNER NAME (A): BAR	BARA BOX	PRINT OWNER NAME (B):	
SIGNATURE OF OWNER (A):	arbara Fox	SIGNATURE OF OWNER (B):	
DATE SIGNED BEFORE NOTARY:	19-15-222	DATE S: 5% FD BEFORE NOTARY: _	
		S TO BE ATTESTED TO A NOTARY PUBL	
We, the undersigned witnesses, he	ereby certify that the foregoing TO	DI was executed and ந்றுed on the	date referenced above, and
•		ence, at the request of her him or hat we are signing our names to thi	
		of signing of sound mind and when	
influence or coercion by any partie			O_{∞}
PRINT WITNESS NAME (A):	K Hankton	PRINT WITNESS NAME (B):	ite Hankton
SIGNATURE OF WITNESS (A):	puthret	SIGNATURE OF WITNESS (B):	Mousin
DATE SIGNED BEFORE NOTARY: 19	0/15/2020	DATE SIGNED BEFORE NOTARY:	10.15.22
	NOTARY VERIFIC	ATION SECTION:	
STATE OF IL)	DATE NOTARIZED: 16-15-2	022_
COUNTY OF COOK)SS)		
I, the undersigned, a notary public in the owner or owners, and witnesses subscribed on the foregoing instrument delivered the foregoing instrument forth.	es, personally known to me to be the ment, appeared before me on the b as their free and voluntary act, for	e same persons whose names are elow date and signed, sealed and the uses and purposes therein set N	AFFIX NOTARY STAMP BELOW: OFFICIAL SEAL PATRICK MCFOWLER IOTARY PUBLIC, STATE OF ILLINOIS Y COMMISSION EXPIRES: 04/07/2025
PRINT NOTARY NAME: PATRI	CK MCFOWLEF	SIGNATURE OF NOTARY:	