| THIS INSTRUMENT WAS PREPARED BY MAIL TO: | CIAL COPY  |
|--|--|
| mondor it, idolinar                      | -  |
| 8974 N. Western Ave. #109                | 2306222071*<br>*2306222071*                                      |
| Des Plaines, IL 60016                    | Doc# 2306222071 Fee \$41.00                                      |
| NAME & ADDRESS OF PROPERTY OWNER:        | RHSP FEE:S9.00 RPRF FEE: \$1.00  RHSP FEE:S9.00 RPRF FEE: \$1.00 |
| Michael R. Tashman                       | COOK COUNTY CLERK  |
| 8974 N. Western Ave. #109                | COOK COUNTY CLERK  DATE: 03/03/2023 12:55 PM PG: 1 OF 3          |
| Des Plaines, IL 60016                    | <b>_</b>   |
|  |  |

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

| notary public on the following   |                    |                            |                 | •           | •                   | •                    |  |  |
|----------------------------------|--------------------|----------------------------|-----------------|-------------|---------------------|----------------------|--|--|
| whose name(s) is/are:            | Ox                 | Michael R.                 | <u> Fashman</u> |             |                     | nd currently live(s) |  |  |
| at the street address of:        | 1785               | ood Avenue                 | in th           | e City of:  | Park Rid            | ge                   |  |  |
| and County of:                   | Cook               | in th                      | e State of: _   |             | Illinois            | with a               |  |  |
| zip code of:60068                | while bei          | ng of sound mi             | nd and dispo    | sing memo   | ry, do/does nov     | w hereby make(s),    |  |  |
| declare(s) and publishes this 1  | ODI, stating and a | attesting to the           | ollowing: Tha   | t the above | e-referenced pro    | perty owner(s), is/  |  |  |
| are, the SOLE owner(s) of the    | real property, un  | der a duly recu            | rded DEED or    | other CON   | veyance instri      | JMENT which was      |  |  |
| recorded on the date of:         | 7/03/2003          | as docu                    | ment number     | ;           | 0318419051          | with the             |  |  |
| proper County Agency in the C    | ounty of:          | Cook                       | i               | n the State | of Illinois. Furthe | rmore, this TODI is  |  |  |
| intended to transfer the follow  | ing real property: |                            | (               |             | •                   |                      |  |  |
| LEGAL DESCRIPTION: CHE           | CK WHICH APPI      | LIES – 🗌 WRI               | TTEN BELOW      | Par         | X SEE ATTA          | CHED                 |  |  |
|                                  | See "At            | tachment A"                | for legal de    | scription   | <u> </u>            |                      |  |  |
|                                  |                    |                            |                 |             |                     |                      |  |  |
|                                  |                    |                            |                 |             | ///                 |                      |  |  |
| PROPERTY INDEX NUMBER            | R(PIN): 0          | 9 _ 1 4                    | 3 0 8           | _ 0 1       | 6 0 0               | 3 0                  |  |  |
|                                  |                    | 8974 N. Western Ave., #109 |                 |             |                     |                      |  |  |
|                                  | D                  | Des Plaines, IL 60016      |                 |             |                     |                      |  |  |
| Finally, the owner(s), while als |                    |                            |                 | =           | <del>-</del>        | <del>-</del>         |  |  |
| the Hemostand Everyntian las     | uc of the State of | Illinois dolos\ n          | ou boroby CC    | MIVEV and   | TDANICEED AHA       | ctiva unan tha       |  |  |

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 **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.

## TRANSFER ON DEATH INSTRUMENT PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUAN) TO \$35 ILCS 200/51-45, 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)  Judith A. Foster                        | BENEFICIARY (B)  | BENEFICIARY (C)  | BENEFICIARY (D)               |
|--|--|--|-------------------------------|
| 1785 Good Ave.   |  |  |                               |
| Park Ridge, IL 60068                                     |  |  |                               |
| Also, if there are multiple beneficial TENANCY TYPE:     | aries, the OWNER(S) desire(s) receive                                  | per with the full names of the desire of the transfer, it should be BENEFIC VIVORSHIP -OR- | IARIES IN THE FOLLOWING       |
| In the event all of the above refi.re replace them:      | nced BENEFICIARIES pre-decease t                                       | he owner/owners, the following COI   | NTINGENCY BENEFICIARIES shall |
| CONTINGENCY BENEFICIARY (A) Donna Murphy                 | CONTINGENCY BENEFICIARY (B)  | CONTINGENCY BENEFICIARY (C)  | CONTINGENCY BENEFICIARY (D)   |
| 311 Morrison Drive                                       |  |  |                               |
| Durham, NC 27703   |  |  |                               |
| I, or we, the SOLE OWNER(S) herel<br>purposes set forth. | by swear and affirm that the forego                                    | ing wishes were made as my/our fre   | ee and voluntary act for the  |
| PRINT OWNER NAME (A):                                    | lichael R. Tashman   | PRINT OWNER NAME (B):  |                               |
| SIGNATURE OF OWNER (A):                                  | they D. John   | SIGNATURE OF OWNER (B):  |                               |
| DATE SIGNED BEFORE NOTARY:                               | 3/3/2023   | DATE STATIED BEFORE NOTARY:  |                               |
|  |  | S TO BE AT LESTED TO AND SIGNED IN   |                               |
|  |  | ALL WITNESSES, AND A MOTARY PUBLIC<br>ODI was executed and Mot ed on the                   |                               |
|  |  | sence, at the request of her, him or   |                               |
|  |  | that we are signing our names to thi   |                               |
| _  |  | of signing of sound mind and memo  | ory, and free from any undue  |
| influence or coercion by any parti                       | · · · · · · · · · · · · · · · · · · ·                                  |  | $\bigcup_{x_{-}}$             |
| PRINT WITNESS NAME (A): <u>Je</u>                        | wel Love   | PRINT WITNESS NAME (B):  | raisoth Vocal                 |
| SIGNATURE OF WITNESS (A):                                | seml Sone  | SIGNATURE OF WITNESS (B):  | molo n voge                   |
| DATE SIGNED BEFORE NOTARY:                               | 3/3/2023   | DATE SIGNED BEFORE NOTARY:   | 3/3/2023                      |
|  | NOTARY VERIEN  | CATION SECTION:  | 1 [                           |
| STATE OF Illinois  | )  | DATE NOTARIZED: Mar  | ch 3, 2023                    |
| COUNTY OF Cook   | )SS<br>)   |  | •                             |
| I, the undersigned, a notary public                      | in and for said County, in the State                                   | aforesaid, DO HEREBY CERTIFY that  | AFEIX NOTARY STAMP BELOW:     |
| •  | es, personally known to me to be the ment, appeared before me on the l | •  | D NELSON<br>Official Seal     |

Page 2 of 2 - Transfer on Death Instrument - cookcountyclerkil.go

SIGNATURE OF NOTARY:

delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set

forth.

PRINT NOTARY NAME:

Rev. 02.08.22

Notary Public - State of Illinois

My Commission Expires Sep 14, 2024

2306222071 Page: 3 of 3

## **UNOFFICIAL COPY**

## "EXHIBIT A" Legal Description

UNIT D-109 IN THE BALLARD POINT CONDOMINIUM, AS DELINEATED ON A SURVEY OF THE FOLLOWING DESCRIBED REAL ESTATE:

PART OF THE SOUTHWEST ¼ OF THE SOUTHWEST ¼ OF SECTION 14 AND PART OF THE SOUTHEAST ¼ OF SECTION 15, TOWNSHIP 41 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS,

WHICH SURVEY IS ATTACHED AS EXHIBIT "A" TO THE DECLARATION OF CONDOMINIUM PLYCORDED WITH THE RECORDER OF DEEDS AS DOCUMENT NO. 25261198 AND FILED WITH REGISTRAR OF TITLES AS DOCUMENT NO. 3133750 TOGETHER WITH ITS RESPECTIVE UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS.

PIN: 09-14-308-016-1224

COMMONLY KNOWN AS: 8974 N. WESTFRN AVE., #109, DES PLAINES, ILLINOIS 60016