FFICIAL COP Doc# 2307646051 Fee \$41.00 RHSP FEE:\$9.00 RPRF FEE: \$1.00 KAREN A. YARBROUGH COOK COUNTY CLERK DATE: 03/17/2023 11:42 AM PG: 1 OF 2 THIS TRANSFER ON DEATH INSTRUCENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the , by the property owner or owners, whose name is or are: "Kobert following date: Mur<u>oho</u> and currently live at the street address of: 1620 Cook , in the state of: Ilinous with a zip code of: 60409 while being of sound mind and disposing memory, do now hereby make, declare and publish this TODI, stating and attesting to the following. That the above-referenced property owner or owners, is or are, the SOLE owner(s) of the residential (which must be between 1 - 4 units) real estate, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was recorded on the date of: 10-2-98 as document number: 98887.223with the proper County Agency in the County of: in the State of Illinois. Furthermore, this **IODI** is intended to transfer the following real property: CHECK WHICH APPLIES - WRITTEN BETEW Klock Green

finally, the owner, or owners, while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of II, do 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 KAREN A. YARBROUGH, COOK COUNTY CLERK and <u>DOES NOT CONSTITUTE</u>

<u>LEGAL ADVICE</u> in any way, shape or form. 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 as the COOK COUNTY OF ERK'S OFFICE STAFF MAY NOT assist you with the propagation 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, IL REAL ESTATE TRANSFER TAX LAW As referenced on the foregoing page, the aforementioned DWNER or DWNERS do now hereby CONVEY and TRANSFER, effective upon the death of the above-named DWNER, or last to die of the DWNERS, 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 (B) BENEFICIARY (C) If more BENEFICIARIES are desired, please attach separate sheet of paper with the full names and addresses of the desired additional BENEFICIARIES. Also, if there are multiple beneficiaries, the OWNER or OWNER desires that the transfer be to those BENEFICIARIES IN THE FOLLOWING TENANCY TYPE CHOOSE ONE (ONLY): JOINT T:NAXTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP In the event all of the above-referenced SEMETICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them. CONTINGENCY BENEFICIARY (B) CONTINGENCY BENEFICIARY (C) **CONTINGENCY BENEFICIARY (D) CONTINGENCY BENEFICIARY (A)** lamond Walls I, or we, the **SOLE OWNERS** hereby swear and affirm that the foregoing wisnes were made as my or our free and voluntary act for the purposes set forth. PRINT OWNER NAME (B): DATE SIGNED BEFORE NOTARY: WITNESS DECLARATION - THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER, ALL WITNESSES, AND 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 or owners as the owner or owners voluntary TODI in our presence, at the request of the owner or owners, and while clap 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 ow/er 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 withe ses. PRINT WITNESS NAME (A): SIGNATURE OF WITNESS (A) SIGNATURE OF WITNESS (B): DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: **NOTARY VERFICATION SECTION:** STATE OF DATE NOTARIZED: COUNTY OF

1, 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.

SIGNATURE OF NOTARY!

OFFICIAL SEAL DAPHNEY A. HILSON NOTARY PUBLIC, STATE OF ILLINOIS MY COMMISSION EXPIRES OCT. 15, 2022

AFFIX NOTARY STAMP BELOW: