## UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY/MAIL TO:	Doc# 2313708002 Fee ≇41.00
Juanetta J. Noore	RHSP FEE:\$9.00 RPRF FEE: \$1.00
	KAREN A. YARBROUGH
	COOK COUNTY CLERK
	DATE: 05/17/2023 09:25 AM PG: 1 OF 2
NAME & ADDRESS OF PROPERTY OWNER:	<del></del> -
Juanetta J. Moore	
509 S. Weber Rd apt. 102	
Romeoville, II. 60446	
ILLINO S REAL PROPERTY TRANSFER ON DEA PURSUANT TO § 755 ILCS 27	
THIS TRANSFER ON DEATH INSTRUMENT (hareinafter referred to as a 1	TODI), which was completed and signed before a
m 0 -03	, by the property owner or owners,
whose name(s) is/are: Juanetta J. Moore	, and currently live(s)
	in the City of: Romeoville
and County of: Will in the State of	
zip code of: 60446 , while being of sound mind and d	
declare(s) and publishes this TODI, stating and attesting to the following:	
are, the SOLE owner(s) of the real property, under a duly recorded DFE!	
recorded on the date of: $6-1-1993$ as document num	*\
proper County Agency in the County of: Look	in the State of Illinois. Furthermore, this TODI is
intended to transfer the following real property:	
	~/
LEGAL DESCRIPTION: CHECK WHICH APPLIES – XWRITTEN BE	LOW - or - SEE ATTACHED
Lot 543 In Michael John Crossings unit one be	eing a subdivision of Part of the
Northwest 14 of Section 34, Township 35 North, Ro	
Meridian in Cook County, Illinois	
PROPERTY INDEX NUMBER(PIN): $31 - 34 - 11$	D-027-0000
commonly referred to address: 22531 Crescent	- way
Richton park, I	L. 60471
Finally, the owner(s), while also being of competent mind and capacity, v	
the Homestead Exemption laws of the State of Illinois, do(es) now hereby <b>CONVEY</b> and <b>TRANSFER</b> , effective upon the	
death of the above-named <u>OWNER</u> , or last to die of the <u>OWNERS</u> , the a	
BENEFICIARY or BENEFICIARIES on the following page in the specified Ti	ENANCY TYPE IT MUITIPLE 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 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)** Alicia M. Standley If more BENEFICIAPIES 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 CHOOSE ONE (ONLY): JOING 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)** CONTINUENCY BENEFICIARY (B) **CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)** I, or we, the SOLE OWNER(S) hereby swear and affirm that the 1 pregoing wishes were made as my/our free and voluntary act for the purposes set forth. PRINT OWNER NAME (A): Twant Ha I meare Sount OWNER NAME (B):\_ SIGNATURE OF OWNER (A): Ju mitte of More SIGNATURE OF OWNER (B): \_ DATE SIGNED BEFORE NOTARY: 5-8-83 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 NOWLEY PUBLIC: We, the undersigned witnesses, hereby certify that the foregoing TODI was executed and signed co 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 memon, and free from any undue influence or coercion by any parties, including us as witnesses. PRINT WITNESS NAME (A): PRINT WITNESS NAME (B): SIGNATURE OF WITNESS (A SIGNATURE OF WITNESS (B): \_\_( DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: **NOTARY VERIFICATION SECTION:** DATE NOTARIZED: COUNTY OF Cool **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  $\cdot$ OFFICIAL SEAL subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed and STACEY S RANKINS delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set

HACY S. Kankins

SIGNATURE OF NOTARY:

NOTARY PUBLIC - STATE OF ILLINOIS MY COMMUSSION EXPIRES:09/27/24