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PREPARED BY and MAIL TO:

Emilie E.D. Hunt
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RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/17/2023 03:33 PM PG: 1 OF 2

NAME & ADDRESS OF PROPERTY OWNER:

James D. Crull
564 Gordon Avenue
Calumet City, IL 60409

ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a "TODI"), which was completed and signed before a notary public on the following date: May 11, 2023, by the property owner or owners, whose name is or are: James D. Crull

and currently live at the street address of: 564 Gordon Avenue
in the city of: Calumet City, and county of: Cook, in the state of: Illinois

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: January 8, 2009 as document number: 0900857027 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 property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES - WRITTEN BELOW -OR- SEE ATTACHED

The Northeast 1/4 of the South 1/2 of Tract No. 24 in F. J. Wahewicz's Park View Gardens, being a subdivision of the Northwest 1/4 of the Northwest 1/4 of the Southwest 1/4 and the Southeast 1/4 of the Northwest 1/4 of the Southwest 1/4 and the Southwest 1/4 of the Northwest 1/4 of the Southwest 1/4 of Section 8, Township 36 North, Range 15 East of the Third Principal Meridian, in Cook County, Illinois.

PROPERTY IDENTIFICATION NUMBER(PIN): 3 0 - 0 8 - 3 1 0 - 0 2 0 0 0 0 0

COMMONLY REFERRED TO ADDRESS: 564 Gordon Avenue
Calumet City, Illinois 60409

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 Il, 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 **DOES NOT CONSTITUTE LEGAL ADVICE** 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 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. 1L REAL ESTATE TRANSFER TAX LAW

As referenced on the foregoing page, the aforementioned OWNER or OWNERS 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 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:

<u>BENEFICIARY (A)</u>	<u>BENEFICIARY (B)</u>	<u>BENEFICIARY (C)</u>	<u>BENEFICIARY (D)</u>
<u>James D. Crull and</u>	_____	_____	_____
<u>Deborah J. Crull Revocable</u>	_____	_____	_____
<u>Trust u/t/d May 11, 2023</u>	_____	_____	_____

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 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.

<u>CONTINGENCY BENEFICIARY (A)</u>	<u>CONTINGENCY BENEFICIARY (B)</u>	<u>CONTINGENCY BENEFICIARY (C)</u>	<u>CONTINGENCY BENEFICIARY (D)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, or we, the SOLE OWNERS hereby swear and affirm that the foregoing wishes were made as my or our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): <u>James D. Crull</u>	PRINT OWNER NAME (B): _____
SIGNATURE OF OWNER (A): <u>James D. Crull</u>	SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: <u>May 11, 2023</u>	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 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 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 memory, and free from any undue influence or coercion by any parties, including us as witnesses.

PRINT WITNESS NAME (A): <u>Sherry Kenney</u>	PRINT WITNESS NAME (B): <u>Rebecca L. Czarnecki</u>
SIGNATURE OF WITNESS (A): <u>Sherry Kenney</u>	SIGNATURE OF WITNESS (B): <u>Rebecca L. Czarnecki</u>
DATE SIGNED BEFORE NOTARY: <u>May 11, 2023</u>	DATE SIGNED BEFORE NOTARY: <u>May 11, 2023</u>

NOTARY VERIFICATION SECTION:

STATE OF Indiana)
 COUNTY OF Lake) SS
 DATE NOTARIZED: May 11, 2023

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

PRINT NOTARY NAME: Emilie E.D. Hunt SIGNATURE OF NOTARY: Emilie E.D. Hunt

