

# UNOFFICIAL COPY

THIS INSTRUMENT WAS PREPARED BY/MAIL TO:

JACQUELINE ROSS  
1139 LEAVITT AVE., UNIT 210  
FLOSSMOOR, IL. 60422



Doc# 2315112029 Fee \$41.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/31/2023 02:10 PM PG: 1 OF 2

NAME & ADDRESS OF PROPERTY OWNER:

JACQUELINE ROSS  
1139 LEAVITT AVE., UNIT 210  
FLOSSMOOR, IL. 60422

## ILLINOIS REAL PROPERTY 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: November 28, 2022, by the property owner or owners, whose name(s) is/are: JACQUELINE ROSS, and currently live(s) at the street address of: 1139 LEAVITT AVE in the City of: FLOSSMOOR and County of: COOK in the State of: IL with a zip code of: 60422, while being of sound mind and disposing memory, do/does now hereby make(s), declare(s) and publishes this TODI, stating and attesting to the following: That the above-referenced property owner(s), is/are, the **SOLE** owner(s) of the real property, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was recorded on the date of: \_\_\_\_\_ as document number: \_\_\_\_\_ with the proper County Agency in the County of: \_\_\_\_\_ 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

Property Address: 1139 LEAVITT AVENUE 210 FLOSSMOOR, IL 60422  
Legal Description: UNIT 210 TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS IN HAWTHORNE APARTMENTS CONDOMINIUM AS DELINEATED AND DEFINED IN THE DECLARATION RECORDED AS DOCUMENT NO. 22628042, AS AMENDED, IN THE NORTHEAST 1/4 OF SECTION 12, TOWNSHIP 35 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY ILLINOIS.  
PIN #: 31-12-202-064-1022 County: Cook County, State of IL  
FLOSSMOOR, IL. 60422

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.

7/27/23  
SC  
INT

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

If more BENEFICIARIES 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 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:

CONTINGENCY BENEFICIARY (A) _____	CONTINGENCY BENEFICIARY (B) _____	CONTINGENCY BENEFICIARY (C) _____	CONTINGENCY BENEFICIARY (D) _____
_____	_____	_____	_____
_____	_____	_____	_____

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

PRINT OWNER NAME (A): <u>JACQUELINE ROSS</u>	PRINT OWNER NAME (B): _____
SIGNATURE OF OWNER (A): <u>Jacqueline Ross</u>	SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: <u>11/28/22</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 A 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(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 memory, and free from any undue influence or coercion by any parties, including us as witnesses.

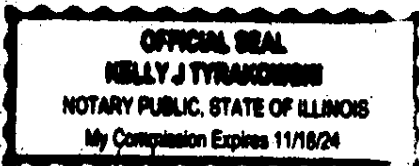
PRINT WITNESS NAME (A): <u>GRNETTA PULLIN</u>	PRINT WITNESS NAME (B): <u>HORTENSE M. ROSS</u>
SIGNATURE OF WITNESS (A): <u>Grnetta Pullin</u>	SIGNATURE OF WITNESS (B): <u>Hortense M. Ross</u>
DATE SIGNED BEFORE NOTARY: <u>11/28/2022</u>	DATE SIGNED BEFORE NOTARY: <u>11/28/22</u>

**NOTARY VERIFICATION SECTION:**

STATE OF <u>Illinois</u>	DATE NOTARIZED: <u>11/28/22</u>
COUNTY OF <u>Cook</u>	

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.

**AFFIX NOTARY STAMP BELOW:**



PRINT NOTARY NAME: <u>Kelly J. Tyrander</u>	SIGNATURE OF NOTARY: <u>Kelly J. Tyrander</u>
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