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THIS INSTRUMENT WAS PREPARED BY/MAIL TO:

Valarie Hemmingway
9148 S. PULASKI ROAD, Suite 2E
Oak Lawn IL 60453

Doc# 2316000000 Fee \$41.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/09/2023 09:45 AM PG: 1 OF 3

NAME & ADDRESS OF PROPERTY OWNER:

Everlean Hemmingway
657 W. 116th Street
Chicago IL 60628

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 page,

by the property owner or owners, whose name(s) is/are: Everlean HEMMINGWAY

and currently live(s) at the street address of: 657 W. 116th

in the City of: Chicago

and County of: Cook, in the State of: Illinois

with a zip code of: 60628, 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 estate, under a duly recorded DEED or other CONVEYANCE. Furthermore, this TODI is intended to transfer the following real property:

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

PROPERTY INDEX NUMBER(PIN): 25 21 304 005 0000

COMMONLY REFERRED TO ADDRESS: 657 W. 116th Street Chicago IL 60628

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.

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Office of the Cook County Clerk

Map Department Legal Description Records

P.I.N. Number: 2521304005000

The legal description card(s) below is prepared in a format used for official county record-keeping, and can be used by the Cook County Recorder's Office to access their tract books.

If you need assistance interpreting this description, please obtain a copy of our instruction sheet "How to Read a Legal Description Card", available from the counter clerk or at our website www.cookcountyclerk.com

Please verify the Property Identification Number or P.I.N. (also known as the "Permanent Real Estate Index Number). If this is not the item you requested, please notify the clerk.

25	21	304	005	7203	454	2031				
AREA	SUB-AREA	BLOCK	PARCEL	CODE	WARRANT	ITEM	1ST SUFF	FIRST SUFFIX	SECOND SUFFIX	THIRD SUFFIX

OFFICE OF THE CLERK OF COOK COUNTY, ILLINOIS
 PERMANENT REAL ESTATE INDEX NUMBER AND LEGAL DESCRIPTION

VOLUME [REDACTED]
468

AREA	SUB-AREA	BLOCK	PARCEL	TAX CODE	
25	21	304	5	7203	
SHARPSHOOTERS PARK SUB				SEC 21	TOWNSHIP 37
W 16 2/3FT				LOT 14	
E 16 2/3FT					84
					85

AREA	SUB-AREA	BLOCK	PARCEL	CODE	WAR-RANT	ITEM	1ST SUFFIX	SECOND SUFFIX	THIRD SUFFIX	CARD
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9
48	47	48	49	50	51	52	53	54	55	56
57	58	59	60	61	62	63	64	65	66	67
68	69	70	71	72	73	74	75	76	77	78
79	80	81	82	83	84	85	86	87	88	89
90	91	92	93	94	95	96	97	98	99	00

26507

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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>VALARIE HEMMINGWAY</u>	BENEFICIARY (B) <u>Veronica Hemmingway</u>	BENEFICIARY (C) <u>Vicki Love</u>	BENEFICIARY (D) <u>Aaron HEMMINGWAY</u>
<u>9149S. Pulaski Road, 2E</u>	<u>1511 Division St. Apt 6</u>	<u>15600 N. Frank Lloyd Wright</u>	<u>1533 E 18th Street</u>
<u>09K LAWN, IL 60453</u>	<u>Charleston, IL 61920</u>	<u>#1026</u>	<u>Scottsdale AZ 85260</u>
			<u>Minneapolis MN 55404</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(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): Everlean Hemmingway PRINT OWNER NAME (B): _____

SIGNATURE OF OWNER (A): Everlean Hemmingway SIGNATURE OF OWNER (B): _____

DATE SIGNED BEFORE NOTARY: 5-23-23 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): JosAnn Cohen PRINT WITNESS NAME (B): Rosubeta Skinner

SIGNATURE OF WITNESS (A): JosAnn Cohen SIGNATURE OF WITNESS (B): Rosubeta Skinner

DATE SIGNED BEFORE NOTARY: 5/23/2023 DATE SIGNED BEFORE NOTARY: 5-23-23

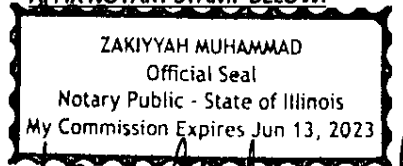
NOTARY VERIFICATION SECTION:

STATE OF Illinois)
 COUNTY OF Cook)SS

DATE NOTARIZED: 5/23/23

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: Zakiyyah Muhammad SIGNATURE OF NOTARY: Zakiyyah Muhammad