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UNUFFIC	
THIS INSTRUMENT WAS PREPARED BY/MAIL TO:	
RONNEY RAMEY	Doc# 2317929152 Fee \$41.00
814 SHAWNEE TRAIL	RHSP FEE:\$9.00 RPRF FEE: \$1.00
ROSELLE IL 60172	KAREN A. YARBROUGH
NAME & ADDRESS OF PROPERTY OWNER:	COOK COUNTY CLERK  DATE: 06/28/2023 12:54 PM PG: 1 OF 3
RONNEY RAMEY	PATEL OUR ESTE DEG 12:04 PIL POR 1 OF 3
814 SHAWNEE TRAIL	<del></del>
ROSELLE IL 60172	
	ANSFER ON DEATH INSTRUMENT (TODI) D § 755 ILCS 27/1 ET.SEQ.
THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referre	ed 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:	PONNEY RAMEY
and currently live(s)at the street address of: 877.5H	AWNEE TRAIL
in the City of: ROSELLE	
and County of: in the S	tate of: <u>IL</u>
with a zip code of: 60172 while I	being $c\mathfrak{f}$ sound mind and disposing memory, do/does now
hereby make(s), declare(s) and publishes this TODI, stating	and attering to the following: That the above-referenced
property owner(s), is/ are, the SOLE owner(s) of the real e	state, under a duly recorded DEED or other CONVEYANCE.
Furthermore, this TODI is intended to transfer the following rea	al property:
LEGAL DESCRIPTION: CHECK WHICH APPLIES - WI	RITTEN BELOW - or 🔀 SEE ATTACHED
DECORPTY INDEX NUMBER/DIAN. 07-35-	213-061-0000

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.

ROSELLE IL 60172

COMMONLY REFERRED TO ADDRESS: 815 SHAWNEE TRAIL

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. Page 1 of 2 - Transfer on Death Instrument - cookcountyclerkil.gov Rev. 2.1.2023

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# **UNOFFICIAL COPY**

### LEGAL DESCRIPTION

#### PARCEL 1:

LOT 1 IN BLOCK 51 IN THE TRAILS UNIT 3 BEING A SUBDIVISION IN THE SOUTH WEST QUARTER OF SECTION 35, TOWNSHIP 41 NORTH, RANGE 10, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 4, 1973 AS DOCUMENT 22176580, IN COOK COUNTY, ILLINOIS.

PARCEL 2

EASEMENT OVER GUTLOTS A, B AND C FOR INGRESS AND EGRESS AS CREATED BY GRANT OF EASEMENT RECORDED FEBRUARY 15, 1973 AS DOCUMENT 21992274 AND AS CREATED BY THE GRANT OF EASEMENT RECORDED AS DOCUMEN I 22223915, IN COOK COUNTY, ILLINOIS.

Permanent Real Estate Index Number(s):

07-35-313-061-0000

Address(es) of Real Estate:

815 Showner Trail, Roselle, Illinois 60172

Clart's Office

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### **UNOFFICIAL COPY**

#### 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:

instrument, in the designated TENA BENEFICIARY (A)	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
CEDRIC LEE RAMEY			
BENEFICIARIES. Also, if there are mult FOLLOWING TENANC'(1.'PE:	tiple beneficiaries, the OWNER(S)	aper with the full names and address desire(s) receive the transfer, it show	uld be BENEFICIARIES IN THE
In the event all of the above reference replace them:	ed BENEFICIARIES pre-decease th	ne owner/owners, the following CON	TINGENCY BENEFICIARIES shall
CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
	0,		·
, or we, the SOLE OWNER(S) hereby purposes set forth.	swear and affirm that the foregoi	ing wishes were made as my/our free	and voluntary act for the
PRINT OWNER NAME (A):	WEY RAMEY	PRINT OWNER NAME (B):	~
SIGNATURE OF OWNER (A):	my May	SI SNATURE OF OWNER (B):	·
DATE SIGNED BEFORE NOTARY:	- 28 - 23	DATE SIGNED BEFORE NOTARY:_	
		S TO BE ATTES ES TO AND SIGNED IN T NLL WITNESSES, ANY AN STARY PUBLIC	
signed by the owner(s) as her, his, o presence of one another. We also d	or their voluntary TODI in our pre o now hereby swear and affirm t wners, was or were, at the time o	ODI was executed and signed on the sence, at the request of her him or that we are signing our name to the of signing of sound mind and merca	them, and while also in the is instrument with the belief
PRINT WITNESS NAME (A):	A 1 Ī	PRINT WITNESS NAME (B): 7/4	Don LoDocH.
SIGNATURE OF WITNESS (A): MA	1 20 11 11.	SIGNATURE OF WITNESS (B):	ul modoch
DATE SIGNED BEFORE NOTARY:	0/28/2023	DATE SIGNED BEFORE NOTARY:	6/28/2023
-i/· ·	NOTARY VERIFIC	CATION SECTION:	
STATE OF FILLING	) · )SS	DATE NOTARIZED: 4/3	18/2023
COUNTY OF LOOK	)	,	}
subscribed on the foregoing instrum	, personally known to me to be thent, appeared before me on the b	ne same persons whose names are below date and signed, sealed and	AFFIX NOTARY AT A PROSINCY  NOTARY PUBLIC, STATE OF ILLINO MY COMMISSION EXPIRES: 09/06/20
delivered the foregoing instrument a forth.	s their free and voluntary act, for	the uses and purposes therein set	
PRINT NOTARY NAME: Mitlat	1 T. Rossiaky	SIGNATURE OF NOTARY	VI T. Conster

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Rev. 2.1.2023