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Doc#: 2319947107 Fee: \$60.00
Karen A. Yarbrough
Cook County Clerk
Date: 07/18/2023 02:37 PM Pg: 1 of 2

PREPARED BY

ATTY. BENJAMIN E. STARKS
11528 S. HALSTED STREET
CHICAGO, IL 60628

PROPERTY OWNER INFORMATION

DONNA M. ALLEN
7618 S. HERMITAGE AVENUE
CHICAGO, IL 60620

TRANSFER ON DEATH INSTRUMENT (TODI)

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

THIS **TRANSFER ON DEATH INSTRUMENT** (hereinafter referred to as "TODI"), which was executed on this

18TH day of JULY in the year 2023, by DONNA M. ALLEN _____
DAY OF THE MONTH MONTH YEAR NAME (S) OF PROPERTY OWNER(S) NAME (S) OF PROPERTY OWNER(S)

who resides at 7618 S. HERMITAGE AVENUE, CHICAGO, IL 60620

being of sound mind and disposing memory, do hereby make, declare and publish this TODI stating as follows:

That the above referenced property owner(s) is/are the **SOLE** owner(s) of residential real estate under a duly recorded **DEED**, recorded 05/05/2023 as document 2312547043 in the County of COOK,
DATE DEED RECORDED DOCUMENT NUMBER COUNTY

WRITE LEGAL DESCRIPTION (BELOW OR ATTACH)

LOT 7 IN BLOCK 15 IN ENGLEFIELD BEING A SUBDIVISION IN THE SOUTHEAST 1/4 OF SECTION 30,
TOWNSHIP 38 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY,
ILLINOIS.

WITH THE PROPERTY IDENTIFICATION NUMBER (PIN) OF:

2 0 - 3 0 - 4 1 6 - 0 2 7 - 0 0 0

7618 S. HERMITAGE AVENUE, CHICAGO, IL 60620

The owner(s), being of competent mind and capacity, and waiving and releasing all rights under the Homestead Exemption of the State of Illinois, do hereby convey and transfer, effective on death the Owner last to die, 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 **CONTIGENT BENEFICIARY** or **BENEFICIARIES** should receive the interest outlined in this instrument, in the designated **TENANCY TYPE**.

BENEFICIARY DESIGNATION: ATTACH ADDITIONAL AS NEEDED

1

2

3

Name: PATRICE ROBINSON (100%) _____

Address: 693 Peachtree Str. NE, Unit 21G _____

City/State: Atlanta, GA 30308 _____

