INOFFICIAL C Doc# 2330710048 Fee \$41.00 RHSP FEE:\$18.00 RPRF FEE: \$1.00 NAME & ADDRESS OF PROPERTY OWNER: KAREN A. YARBROUGH COOK COUNTY CLERK DATE: 11/03/2023 04:11 PM PG: 1 OF 4 LINOIS REAL PROPERTY TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET.SEQ., AS AMENDED THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a TODI), which was completed and signed before a notary public on the following date , by the property owner or owners, whose name(s) is/are: , and currently live(s) in the City of: at the street address of: 22IL and County of: in the State of: , v hile 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 INSTRUMENT which was recorded on the date of: as document number: 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 PROPERTY INDEX NUMBER(PIN): Finally, the owner(s), while also being of competent mind and capacity, while waiving and releasing all rights under

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 **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUAN) TO \$ 33 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:

| BENEFICIARY (A) | BENEFICIARY (B) | BENEFICIARY (C) | BENEFICIARY (D) |
|--|--|--|-----------------------------|
| Amanda Wang | Ligur Xue | | |
| BENEFICIARIES. Also, if the rare mu FOLLOWING TENANCY TYPE: | Itiple beneficiaries, the OWNER(S) | per with the full names and address desire(s) receive the transfer, it shows the transfer. | uld be BENEFICIARIES IN THE |
| _ | | e owner/owners, the following CON | |
| CONTINGENCY BENEFICIARY (A) | CONTINGENCY BENEFICIARY (B) | CONTINGENCY BENEFICIARY (C) | CONTINGENCY BENEFICIARY (D) |
| Jie fei Hong | <u>O</u> r | | |
| purposes set forth. | | กรู wishes were made as my/our free | e and voluntary act for the |
| PRINT OWNER NAME (A): | lelyn Wang | FRINTOWNER NAME (B): | |
| SIGNATURE OF OWNER (A): | M | SIGNATURE OF OWNER (B): | |
| DATE SIGNED BEFORE NOTARY: | 11/2/23 | DATE SIGNED SEFORE NOTARY:_ | |
| WITN | IESS DECLARATION - THIS SECTION I | STOBE ATTESTED TO AND SIGNED IN | THE |
| PR | ESENCE OF THE OWNER/OWNERS, A | LL WITNESSES, AND A NOTA TPUBLI | <u>c</u> |
| | | DI was executed and signed or, the | |
| | | sence, at the request of her, him o hat we are signing our names to th | |
| | | of signing of sound mind and memo | |
| influence or coercion by any parti | · 1 | | 'Co |
| PRINT WITNESS NAME (A): | A Millered Alkie | PRINT WITNESS NAME (B): 1 | mika Ria |
| SIGNATURE OF WITNESS (A): | The state of the s | SIGNATURE OF WITNESS (B): | (hin |
| DATE SIGNED BEFORE NOTARY: | 11/2/2023 | DATE SIGNED BEFORE NOTARY: | 11/2/23 |
| ~!! \ | NOTARY VERIFIC | CATION SECTION: | , |
| STATE OF Elling's |) | DATE NOTARIZED: 102/20 | 123 |
| STATE OF Ellinois COUNTY OF Dupage |)SS) | , , | |
| I, the undersigned, a notary public ir | n and for said County, in the State a | foresaid, DO HEREBY CERTIFY that | AFFIX NOTARY STAMP BELOW |

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 "OFFICIAL SEAL" delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein setRajini Ramchandani forth.

Notary Public, State of Illinois

Page 3 of 2 - Transfer on Death Instrument - cookcountyclerking

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2330710048 Page: 4 of 4

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CODK COUNTY CLERK OFFICE
RECORDING DIVISION
118 N. CLARK ST. ROOM 120
CHICAGO, (L 60602-1387

Tel. 815 485-0445 Fax 815 485-0528

17901 Haas Road Mokena, Illinois 60448

LOT 77 IN SHELDON HEIGHTS NORTH WEST 2ND ADDITION BEING A SUBDIVISION OF THE WEST 2/3 OF THE EAST 3/8 OF THE NORTH 3/4 OF THE EAST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 17, TOWNSHIP 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN (EXCEPT THE NORTH 174 FEET THEREOF) IN COOK COUNTY, ILLINOIS.