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THE INCOME TO US ACCOUNT WHAT DOES DOED DV/844U TO.	
THIS INSTRUMENT WAS PREPARED BY/MAIL TO:	Doc# 2334646009 Fee \$41.00
4426 WEST IST STRAFT	RHSP FEE:\$18.00 RPRF FEE: \$1.00
Dien Tillian Care	KAREN A. YARBROUGH
· ALSIP, ILLINOIS, 60803	COOK COUNTY CLERK
NAME & ADDRESS OF PROPERTY OWNER: JOANNE TO TROJAK	DATE: 12/12/2023 10:44 AM PG: 1 OF
4426 WEST 118th STREET	
ALSIP, THINOIS 60803	- -
	SFER ON DEATH INSTRUMENT (TODI) 755 ILCS 27/1 ET SEQ.
THIS TRANSFER ON DEATH INSTAUMENT (hereinafter ref	erred to as a TODI), which was completed and signed before a
notary public on the following date:	
	TREET in the City of: ALSIP
and County of: Cook	in the State of: with a
zip code of: 60803 while being of sour	nd 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: <u>MAY 13, 1968</u> as proper County Agency in the County of: C100 K	in the State of Illinois, Purchermore, this TODI is
intended to transfer the following real property:	in the state of finitions, are relatively the reprint
interface to transfer the following real property.	
LEGAL DESCRIPTION: CHECK WHICH APPLIES -	WRITTEN BELOW Or- SEE ATTACHED
LOT 124 IN ALS' P HOWDY HOMES E	
	RTER OF THE SOUTH WEST QUARTER OF
	RANGE 13, EAST OF THE SHIRD
PRINCIPAL MERICIAN IN COOK COUNTY I PROPERTY INDEX NUMBER (PIN): 24-2	2-341-011-0000
COMMONLY REFERRED TO ADDRESS: 4426 U	JEST 118th STREET
ALSIP,	IHINOIS 60803
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 .	
	nents of COOK COUNTY CLERK KAREN A. YARBROUGH,
	rmore, it is provided WITHOUT any TITLE EXAMINATION or
· · · · · · · · · · · · · · · · · · ·	ONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING symments or concerns regarding how to complete this form.
•	ist you with the preparation of this, or any legal document.

2334646009 Page: 2 of 2

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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 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 (C)** BENEFICIARY (D) **BENEFICIARY (B)** 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- eferenced BENEFICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them: **CONTINGENCY BENEFICIARY (C) CONTINGENCY BENEFICIARY (D)** CONTINGENCY BENEFICIARY (A) CONTINGENCY BENEFICIARY (B) 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): JUANNE PRINT OWNER NAME (B): ___ SIGNATURE OF OWNER (B): DATE SIGNED BEFORE NOTARY: 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 manner, and free from any undue influence or coercion by any parties, including us as witnesses. PRINT WITNESS NAME (B): JOHE FLOR PRINT WITNESS NAME (A): SIGNATURE OF WITNESS (A): 2023 DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: **NOTARY VERIFICATION SECTION:** DATE NOTARIZED: STATE OF COUNTY OF \ AFFIX NOTARY STAMP BELOW: 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 OFFICIAL SEAL subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed and Elizabeth Visvardis delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set Notary Public, State of Illinois forth. My Commission Expires 09-28-2026 PRINT NOTARY NAME: Flizabeth Voya (dis SIGNATURE OF NOTAL