THIS INSTRUMENT WAS PREPARED BY/MAIL TO:
Linda Johnson
91125, 8 9 9 18 ston Av 2 Chicago #11 60650
р# риддрати Fee \$41.00
NAME & ADDRESS OF PROPERTY OWNER:
RHSP FEE: \$1.88 RPRF FEE: \$1.88
9112 5, Eggleston HVZ COOK COUNTY CLERK
Chicago FII 606/30 DATE: 01/02/2024 02:42 PM PG: 1 OF 3
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 data
whose name(s) is/are: Linda 30 hn sor
at the street address of: 91125, 29995 Ton Min the City of: Chicago
and County of: LOOK in the State of: Thing's with a
zip code of:, while being cr 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 property, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was
recorded on the date of: $\frac{4-20-2004}{2}$ as document number: $\frac{0411122024}{2004}$ with 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 - or - SEE ATTACHED
LEGAL DESCRIPTION: CHECK WHICH APPLIES - WANT TEN BELOW - OF THE SEE AT INCHES
0,-
PROPERTY INDEX NUMBER(PIN): $\frac{25-04-306.027000}{25-04-306.027000}$
COMMONLY REFERRED TO ADDRESS: 91/2 = Egyleston
Chicago, Il 60620
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 <u>CONVEY</u> and <u>TRANSFER</u> , effective upon the death of the above-named <u>OWNER</u> , or last to die of the <u>OWNERS</u> , the above-described real property to the named <u>BENEFICIARY</u> or <u>BENEFICIARIES</u> on the following page in the specified <u>TENANCY TYPE</u> if multiple <u>BENEFICIARIES</u> .
SPECIAL NOTICE: This form is provided compliments of COOK COUNTY CLERK KAREN A. YARBROUGH,
and DOFS 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.

TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO 9 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 (D)** 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:** I JOINT TENANTS IN COMMON W/ RIGHT OF SURVIVORSHIP -OR- TENANTS IN COMMON W/O RIGHT OF SURVIVORSHIP CHOOSE ONE (ONLY). in the event all of the above-referenced BENEFICIARIES pre-decease the owner/owners, the following CONTINGENCY BENEFICIARIES shall replace them: CONTINGENCY BENEFICIARY (C) **CONTINGENCY BENEFICIARY (D)** I, or we, the 30LE 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 (B): PRINT OWNER NAME (A): SIGNATURE OF OWNER (B): DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: WITNESS DECLARATION - THIS SECTION IS TO BE AT TESTED 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 undive influence or coercion by any parties, including us as witnesses. PRINT WITNESS NAME (B SIGNATURE OF WITNESS (A) DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTAR NOTARY VERIFICATION SECTION:)SS **COUNTY OF** I, the undersigned, a notary public in and for said County, in the State aforesaid, 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 delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set

forth.

age 2 of 2 - Transfer on Death Instrument - cookcountyclerkil.gov

Rev. 02.08.22

MARLEY RAE FINLE OFFICIAL SEAL Notary Public - State of Illinois My Commission Expires June 07, 2027

PRINT NOTARY NAME:

2400234031 Page: 3 of 3

UNOFFICIAL

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Subdivision	of the ENST half of the	
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