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TRANSFER ON DEATH INSTRUMENT



OWNER'S NAME AND ADDRESS AND TAXES TO:

Name Ruby L. Lamon
Address 9024 S. Clyde Avenue
Address Chicago, Illinois 60617

Doc# 2401722000 Fee \$41.00

RHSP FEE: \$18.00 RPRF FEE: \$1.00

BENEFICIARY'S NAME AND ADDRESS:

Name Rita Green-Johnson
Address 2001 East 78th Street
Address Chicago, IL 60649

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/17/2024 09:54 AM PG: 1 OF 3

THIS TRANSFER ON DEATH INSTRUMENT made this 4th day of January, 2024, by Ruby L. Lamon

(Name of owner/s), of the City of Chicago, County of Cook

State of Illinois (herein

"Owner/Owners"), being the sole Owner(s) of the following legally-described residential real estate located in Cook County, Illinois:

(legal description)

THE WEST 19 FEET 6 INCHES OF LOT 28
(EXCEPT THE SOUTH 20 FEET THEREOF)
AND THE WEST 19 FEET 6 INCHES OF LOT 29 AND 30 IN BLOCK 2 IN W.T. LITTLE'S RESUBDIVISION OF BLOCK 1 AND 2 OF
MUNSON'S SUBDIVISION OF BLOCK 7 IN CAROLIN'S SUBDIVISION OF THE WEST 1/2 OF THE SOUTHEAST 1/4 OF SECTION 25,
TOWNSHIP 38 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Identification Number: 20-20-424-046-0000

Property Address: 2001 E. 78th Street, Chicago, IL 60649

The Owner(s), being of competent mind and capacity, and waiving and releasing all rights under the homestead exemption laws of the State of Illinois, hereby convey(s) and transfer(s), effective on the death of the Owner last to die, the above-described real estate to:

Rita Green-Johnson

(beneficiary designation)

IN WITNESS WHEREOF, the said Owner(s) has/have hereunto set his/her/their hand(s) and seal(s) the day and year first above written.

Ruby L. Lamon

NAME, Owner

NAME, Owner

AFFIX TRANSFER TAX STAMP

OR

Exempt under provisions of 33 ILCS 200/31-45, Paragraph E, Illinois Real Estate Transfer Tax Law.

01/04/2024

Ruby L. Lamon

Date

Buyer, Seller, or Representative

We, the undersigned witnesses, hereby certify that the above Transfer on Death Instrument was on the date thereof signed and declared by the Owner(s) as his/her/their Transfer on Death Instrument in our presence and that we, at his/her/their request and in his/her/their presence and in the presence of each other, have signed our names as witnesses thereto, believing to the best of our knowledge that the Owner(s) was/were at the time of signing of sound mind and memory, and under no undue influence.

Joyce A. Gibson

Witness

residing at

3501 E. 106th Street, Ste 208, Chicago, IL 60617

Address

Dorothy Stephens

Witness

residing at

9016 S. Clyde Ave. Chicago, IL 60617

Address

STATE OF ILLINOIS)

)

SS

COUNTY OF COOK)

)

I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Owner(s) and witnesses personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me this day

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in person and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this 4th day of January, 2024

Diane D. Odell
Notary Public



PREPARED BY AND RETURN TO:

Name: Attorney Diane Odell
Address: 646 1/2 East 43rd Street
Address Chicago: IL 60653-2946

**NOTICE OF DEATH AFFIDAVIT
AND ACCEPTANCE OF
TRANSFER ON DEATH INSTRUMENT**

PREPARED BY AND RETURN TO:

Name
Address
Address

SEND SUBSEQUENT TAX BILL TO:

Name: Ruby L. Lamon
Address: 9024 S. Clyde Avenue
Address Chicago, Illinois 60617

RECORDER'S STAMP

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

1. That _____ [name of owner] died on _____ 20____ [date], a resident of _____ County, Illinois, owning residential real estate legally described below:
[legal description or attach exhibit]
2. That the street address of the residential real estate is 2001 E. 78th Street, Chicago, IL 60649 [address] and the property identification number is 20-25-424-046-0000 [PIN]
3. That the Transfer on Death Instrument is dated _____ and recorded as Document No. _____ in the Office of the Recorder for Cook County, Illinois.
4. That the undersigned, whose names and addresses appear below, are all beneficiaries entitled to receive under the Transfer on Death Instrument.

Name	Address	Share

IN WITNESS WHEREOF, the undersigned beneficiary(ies) hereby accept the transfer of residential real estate under the transfer on death instrument this _____ day of _____ 20____

Beneficiary Signature

Beneficiary Signature

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Beneficiary Print Name _____	Beneficiary Print Name _____
STATE OF ILLINOIS _____)	
COUNTY OF _____)	SS
I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT _____	
_____ (NAME OF BENEFICIARY(IES)), personally known to me to be the same person(s)	
whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.	
Signed and sworn to before me this _____ day of _____, 20_____.	
_____ Notary Public	
NOTICE: This Notice of Death Affidavit and Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of the death of the owner to make the transfer on death instrument effective. You should consult a lawyer before using this form.	

Property of Cook County Clerk's Office