THIS INSTRUMENT WAS PREPARED BY MAIL FO: C A	L COP **2481915946*
Renee Strowborn ARMER	Doc# 2401915046 Fee \$41.00
7126 S. Rhodes Ave	RHSP FEE:\$18.00 RPRF FEE: \$1.00
Chicago IL 60619	KAREN A. YARBROUGH
NAME & ADDRESS OF PROPERTY OWNER: Renee Strowhow - ARMER	COOK COUNTY CLERK DATE: 01/19/2024 02:27 PM PG: 1 OF 3
7126 S. Rhodes Ave.	
Chicago IL. 60e19	
	FER ON DEATH INSTRUMENT (TODI) 55 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 page, Kenee Strowhorn ARMER by the property owner or owners, whose name(s) is/are: and currently live(s)at the street address of: Rhodes in the City of: エレ in the State of:_ and County of: 60619 , while being of sound mind and disposing memory, do/does now with a zip code of: hereby make(s), declare(s) and publishes this TODI, stating and attenting 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. Furthermore, this TODI is intended to transfer the following real property: LEGAL DESCRIPTION: CHECK WHICH APPLIES - ☐ WRITTEN BELOW All related real estate in regards to PROPERTY INDEX NUMBER(PIN): 20COMMONLY REFERRED TO ADDRESS:

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>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 DOES 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.

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Rev. 2.1.2023

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TRANSFER ON DEATH DISTRUMENT - PAGE 2 THIS TAS TRUMENT IS EXCEMPT PURSUANT TO \$ 35-ICCS 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 BENEFICIARY (D)

Sharier Armer BENEFICIARY (D)

BENEFICIARY (D)

BENEFICIARY (D)

Sharren Armer	Madyson Armer	BENEFICIARY (C)	BENEFICIARY (D)	
7126 8 Rhodes Ave.	1 1 1			
Chicago ILlab 19	Chicago IL 60619			
	i, please attach separate sheet of pa	ner with the full names and address	es of the desired additional	
BENEFICIARIES. Also, if there are m	nultiple beneficiaries, the OWNER(S)			
FOLLOWING TENANCY TYPE: CHOOSE ONE (ONLY):	IANTS IN COMMON W/RIGHT OF SURV	TVORSHIP-OR- TENANTS IN COMI	MON W/O RIGHT OF SURVIVORSHIP	
	enced BENEFICIARIES pre-decease the	_		
replace them:	0	-		
CONTINGENCY BENEFICIARY (A)	TINGERCY BEREFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)	
Lor we the SOLE OWNER(S) here	by swear and affirm that the foregon	ng wishes were made as my/our free	and voluntary act for the	
purposes set forth.	0/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	
PRINT OWNER NAME (A): Hey	Re Strowhorn Her	TIPRINT OWNER NAME (B):		
SIGNATURE OF OWNER (A).	/	/ SYSMATURE OF OWNER (B):		
DATE SIGNED BEFORE NOTARY:	1-16-2024	DATE SICATO BEFORE NOTARY:	***************************************	
			· · · · · · · · · · · · · · · · · · ·	
	INESS DECLARATION — THIS SECTION IS RESENCE OF THE OWNER/OWNERS, A			
	nereby certify that the foregoing TO s, or their voluntary TODI in our pre	1 - V		
- -	s, or their voluntary 1001 in our pre o do now hereby swear and affirm t	- · · · · · · · · · · · · · · · · · · ·		
and knowledge that the owner or influence or coercion by any par	r owners, was or were, at the time of ties, including us as witnesses	of signing of sound mind and meano	ry, and free from any undue	
- i i	/I	PRINT WITNESS NAME (B): Kh	olis Standari A	
PRINT WITNESS NAME (A): MA	11 -12 - 12 - 12 - 12 - 12 - 12 - 12 -		ally strownorn-Armer	
SIGNATURE OF WITNESS (A):	The Court of the C	SKGNATURE OF WITNESS (B):		
DATE SIGNED BEFORE NOTARY:	11-16-2024	DATE SIGNED BEFORE NOTARY: <u>O</u>	1-16-2024	
NOTARY VERIFICATION SECTION:				
STATE OF 111 NOLS		DATE NOTARIZED: 01-1	0-2024	

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 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.

AFFIX NOTARY STAMP BELOW:

Official Seal
A Summerrise
Notary Public State of Illinois
My Commission Expires 10/13/2025

PRINT NOTARY NAME: Annissa Summercise SIGNATURE OF NOTARY:

COUNTY OF CODIC

2401915046 Page: 3 of

UNOFFICIAL OPY

Legal Descript	tion: LOT 11 in Block 2 in W.S.
Drays Addity	ion to Park Manor in NORTH 1/2 OF
UP/THUSE ST V	4 of MARTICAST MILL OF CONTENTS OF
Township 38'	NOLTH Range 14 past of the
Third princip	NOLTH, Range 14 past of the pal Meridian, IN Cook County Illinois
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