THIS INSTRUMENT WAS I REPAIN I BY MAI TO CALCOPY Katie M. Clancy Clancy & Associates, Ltd. 901 Warrenville Road, Ste. 201 Doc# 2403633324 Fee \$41.00 Lisle, Illinois 60532 RHSP FEE:\$18.00 RPRF FEE: \$1.00 NAME & ADDRESS OF PROPERTY OWNER: KAREN A. YARBROUGH COOK COUNTY CLERK Brian and Erika Eng DATE: 02/05/2024 04:18 PH PG: 1 OF 2 1110 E. Viator Court Arlington Heights, Illinois 60004 ILLINOIS REAL PROPERTY TRANSFER ON DEATH INSTRUMENT (TODI) 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 01/30/2024 notary public on the following date. , by the property owner or owners, whose name(s) is/are: Brian and Erika Fng , and currently live(s) in the City of: Arlington Heights at the street address of: 1110 E. Viator Court in the State of: Illinois and County of: Cook with a zip code of: 60004 _, while 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 property, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was ____ as document number: 1511046210 recorded on the date of: April 9, 2015 proper County Agency in the County of: Cook 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 LOT 12 IN GEORGETOWN MANOR, BEING A SUBDIVISION OF THE EAST 3/4 OF THE SOUTHWEST QUARTER OF THE SOUTHEAST CULRIER OF THE SOUTHEAST QUARTER AND THE WEST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER OF THE SOUTHEAST QUARTER, ALL IN SECTION 20, TOVA SHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES IN COOK COUNTY, ILLINOIS, UN NO 75% BER 15, 1962 AS DOCUMENT NUMBER 2065722 PROPERTY INDEX NUMBER(PIN): <u>03</u> <u>- 20</u> <u>- 420 -004 - 0000</u> COMMONLY REFERRED TO ADDRESS: 1110 E. Viator Court, Arlington Heights, IL 60004

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>.

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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) 00% to the Trustee of the Eng Family Third Party	BENEFICIARY (B)	BENEFICIARY (C)	BENEFICIARY (D)
Special Needs Trust u/a/d January 30, 2024		4.1.110040404040404040404040404040404040	
If more BENEFICIARIES are desired, Also, if there are multiple beneficiar TENANCY TYPE: CHOOSE ONE (ONLY): JCINT TENA	ries, the OWNER(S) desire(s) receiv ,	e the transfer, it should be BENEFIC	CIARIES IN THE FOLLOWING
In the event all of the above reference them:		ne owner/owners, the following CO	
CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)
	<u> </u>		
I, or we, the SOLE OWNER(S) hereb purposes set forth.	y swear and affirm (na) the foregoi	ng wishes were made as my/our fro	ee and voluntary act for the
PRINT OWNER NAME (A): Brian E	Eng T	PRINT OWNER NAME (B): Erika	a Eng
SIGNATURE OF OWNER (A):	5-6-	SIGNATURE OF OWNER (B):	Tille Ella
DATE SIGNED BEFORE NOTARY:	Jamany 30, 2024	DATE S'GNED BEFORE NOTARY:	January 30, 2021
	NESS DECLARATION - THIS SECTION I		
We, the undersigned witnesses, he signed by the owner(s) as her, his, presence of one another. We also and knowledge that the owner or influence or coercion by any partie	or their voluntary TODI in our pres do now hereby swear and affirm t owners, was or were, at the time (DI was executed and eigned on the sence, at the request of helphim or hat we are signing our names to the	e date referenced above, and r them, and while also in the nis instrument with the belief
PRINT WITNESS NAME (A): KAH	mn M Clany	PRINT WITNESS NAME (B): KA	4 Deripe Schye
SIGNATURE OF WITNESS (A):	Higm Cly	SIGNATURE OF WITNESS (B):	ate The Slipe
DATE SIGNED BEFORE NOTARY:	January 30,2024	DATE SIGNED BEFORE NOTARY:	Janay 30, 2024
CTATE OF T 1 1 in a i a	NOTARY VERIFIC	ATION SECTION: DATE NOTARIZED:	7/2024
STATE OF Illinois))SS	DATE NUTAKIZED: VIV 30	11000-1
COUNTY OF DUPAGE)		
I, the undersigned, a notary public i	in and for said County, in the State	eforesaid, DO HEREBY CERTIFY that	AFFIX NOTARY STAMP BELOW:

VIOLET SCOBEE

OFFICIAL SEAL

Notary Public, State of Illinois

My Commission Expires October 26, 2026

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.

PRINT NOTARY NAME: VIOLET Scober