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PREPARED BY and MAIL TO:

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KAREN A. YARBROUGH
COOK COUNTY CLERK'S OFFICE
DATE: 3/22/2024 2:47 PM
PAGE: 1 OF 2

NAME & ADDRESS OF PROPERTY OWNER:

JOSE OSCAR IBARRA
5025. W DAKIN ST
CHICAGO IL 60641

ILLINOIS RESIDENTIAL 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 notary public on the following date: 03/22/2024, by the property owner or owners, whose name is or are: Jose Oscar Ibarra

and currently live at the street address of: 5025 W. Dakin

in the city of: Chicago, and county of: Cook, in the state of: Illinois

with a zip code of: 60641, while being of sound mind and disposing memory, do now hereby make, declare and

publish this TODI, stating and attesting to the following. That the above-referenced property owner or owners, is or are, the **SOLE** owner(s) of the residential (which must be between 1 - 4 units) real estate, under a duly recorded **DEED** or other **CONVEYANCE INSTRUMENT** which was recorded on the date of: 3/15/2023 as document number: 2307433015 with the 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 252 (EXCEPT THE EAST 20 FEET THEREOF) AND LOT 253 IN GRAYLAND PARK ADDITION TO CHICAGO
IN THE NORTH 1/2 OF THE NORTHEAST 1/4 OF SECTION 21, TOWNSHIP 40 NORTH RANGE 13 EAST
OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS

PROPERTY IDENTIFICATION NUMBER(PIN): 1 3 - 2 1 - 2 0 5 - 0 1 2 - 0 0 0 0

COMMONLY REFERRED TO ADDRESS: 5025 W. DAKIN ST, CHICAGO, IL 60641

Finally, the owner, or owners, while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of Il, do 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**.

SPECIAL NOTICE: This form is provided compliments of **KAREN A. YARBROUGH, COOK COUNTY CLERK** and **DOES NOT CONSTITUTE LEGAL ADVICE** in any way, shape or form. 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, as the **COOK COUNTY CLERK'S OFFICE STAFF MAY NOT** assist you with the preparation of this, or any, legal document.

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TRANSFER ON DEATH INSTRUMENT - PAGE 2 (THIS INSTRUMENT IS EXEMPT PURSUANT TO § 35 ILCS 200/31-45, PARA. IL REAL ESTATE TRANSFER TAX LAW

As referenced on the foregoing page, the aforementioned **OWNER** or **OWNERS** do 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** pre-decease 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 (B)	BENEFICIARY (C)	BENEFICIARY (D)
OSCAR ANTONIO IBARRA	ERIKA MARIE IBARRA		

If more **BENEFICIARIES** are desired, please attach separate sheet of paper with the full names and addresses of the desired additional **BENEFICIARIES**. Also, if there are multiple beneficiaries, the **OWNER** or **OWNER** desires that the transfer be to those **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-referenced **BENEFICIARIES** pre-decease the owner/owners, the following **CONTINGENCY BENEFICIARIES** shall replace them.

CONTINGENCY BENEFICIARY (A)	CONTINGENCY BENEFICIARY (B)	CONTINGENCY BENEFICIARY (C)	CONTINGENCY BENEFICIARY (D)

I, or we, the **SOLE OWNERS** hereby swear and affirm that the foregoing wishes were made as my or our free and voluntary act for the purposes set forth.

PRINT OWNER NAME (A): Jose Oscar Ibarra PRINT OWNER NAME (B): _____
SIGNATURE OF OWNER (A): [Signature] SIGNATURE OF OWNER (B): _____
DATE SIGNED BEFORE NOTARY: 03/22/2024 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 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 or owners as the owner or owners voluntary TODI in our presence, at the request of the owner or owners, 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 undue influence or coercion by any parties, including us as witnesses.

PRINT WITNESS NAME (A): Laura Marmolejo PRINT WITNESS NAME (B): Gema Soto
SIGNATURE OF WITNESS (A): [Signature] SIGNATURE OF WITNESS (B): [Signature]
DATE SIGNED BEFORE NOTARY: 03/22/2024 DATE SIGNED BEFORE NOTARY: 03/22/2024

NOTARY VERIFICATION SECTION:
STATE OF ILLINOIS)
COUNTY OF COOK) SS DATE NOTARIZED: 3-22-24

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.

PRINT NOTARY NAME: Maureen Leick SIGNATURE OF NOTARY: [Signature]

