THIS INSTRUMENT WAS PREPARED BY/MAIL TO	0:	
NAME & ADDRESS OF PROPERTY OWNER:		
	<del></del>	
	RANSFER ON DEATH INSTRUMENT (T TO § 755 ILCS 27/1 ET SEQ.	ODI)
THIS TRANSFER ON DEATH INSTRUMENT (hereinafte	er referred to as a TODI), which was comple	eted and signed before a
notary public on the following date:	, by the p	roperty owner or owners,
whose name(s) is/are:		, and currently live(s)
at the street address of:		
and County of:		
zip code of:, while being of	f sound mind and disposing memory, do/do	oes now hereby make(s),
declare(s) and publishes this TODI, stating and attest	ing to the following: That the above-reference	ced property owner(s), is/
are, the SOLE owner(s) of the real property, under a	a duly recorded DEED or other CONVEYANCE	INSTRUMENT which was
recorded on the date of:	as document number:	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	ΕΑΤΤΑΛΗΕΝ
ELGAL DESCRIPTION. CITECK WHICH AT LIES		ATTACTIED
PROPERTY INDEX NUMBER(PIN):	·	
COMMONLY REFERRED TO ADDRESS:		
Finally, the owner(s), while also being of competent	mind and capacity, while waiving and releas	ing all rights under

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 **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 **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.



## 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) BENEFICIARY (B) BENEFICIARY (C) 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:** 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 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 (A): PRINT OWNER NAME (B): \_\_\_\_\_ SIGNATURE OF OWNER (B): SIGNATURE OF OWNER (A): \_\_\_\_\_ DATE SIGNED BEFORE NOTARY: 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 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 undue influence or coercion by any parties, including us as witnesses. PRINT WITNESS NAME (A): \_\_\_\_\_ PRINT WITNESS NAME (B): \_\_\_\_\_ SIGNATURE OF WITNESS (A): \_\_\_\_\_ SIGNATURE OF WITNESS (B): DATE SIGNED BEFORE NOTARY: DATE SIGNED BEFORE NOTARY: **NOTARY VERIFICATION SECTION:** DATE NOTARIZED: AFFIX NOTARY STAMP BELOW: 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 PRINT NOTARY NAME: SIGNATURE OF NOTARY:

