

THIS INSTRUMENT WAS PREPARED BY/MAIL TO:

NAME & ADDRESS OF PROPERTY OWNER:

**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 notary public on the following date: _____, by the property owner or owners, whose name(s) is/are: _____, and currently live(s) at the street address of: _____ in the City of: _____ and County of: _____, in the State of: _____ with a zip code of: _____, 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 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 ATTACHED

PROPERTY INDEX NUMBER(PIN): _____ - _____ - _____ - _____ - _____

COMMONLY 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 **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 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.

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 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) |
|-----------------|-----------------|-----------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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 (A): _____ SIGNATURE OF OWNER (B): _____
 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:

STATE OF _____)
)SS
 COUNTY OF _____)
 DATE NOTARIZED: _____

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:

PRINT NOTARY NAME: _____ SIGNATURE OF NOTARY: _____

DOCUMENT PREPARED BY:

| |
|--|
| |
| |
| |

MAIL SUBSEQUENT TAX BILLS TO:

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| |

SPECIAL NOTICE: THIS IS A NON-MANDATORY COURTESY FORM, AND IS NOT LEGAL ADVICE IN ANYWAY!

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED

Pursuant to §755 ILCS 27/75. Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, _____ died on _____

as a resident of _____ County, Illinois, as owner of the Property Identification Number:

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--|
| | | - | | | - | | | | - | | | | - | | | | |
|--|--|---|--|--|---|--|--|--|---|--|--|--|---|--|--|--|--|

With the Legal Description Of (attach exhibit if more room is needed):

And Common Address Of:

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on _____ as Document Number: _____ naming the following beneficiary/beneficiaries as the successive owner(s) of the property referenced above with the stated percentage/share of said property:

| NAME: | ADDRESS: | SHARE: |
|-------|----------|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

This form is
compliments of:

KAREN A. YARBROUGH
COOK COUNTY CLERK

**COOK COUNTY CLERK NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED
PAGE 2 OF 2 (COURTESY FORM)**

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this _____ (day) of _____ (month), _____ (year).

Beneficiary Name & Signature Section:

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Notary Public Section:

STATE OF ILLINOIS }
COUNTY OF _____ } SS

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

personally known to me to be the same person or persons whose name or names 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 _____ (month), _____ (year).

Signature of Notary Above

Print Name of Notary Above

