
COMMONLY REFERRED TO ADDRESS: _____

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.

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 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)
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<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>

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(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)
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<hr/>	<hr/>	<hr/>	<hr/>
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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 _____)
DATE NOTARIZED: _____)SS
COUNTY OF _____)

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: _____