

**DOCUMENT PREPARED BY:**


**MAIL SUBSEQUENT TAX BILLS TO:**


**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

