

TRANSFER ON DEATH INSTRUMENT

OWNER'S NAME AND ADDRESS AND TAXES TO:

Name
Address
Address

BENEFICIARY'S NAME AND ADDRESS:

Name
Address
Address

RECORDER'S STAMP

THIS TRANSFER ON DEATH INSTRUMENT made this _____ day of _____, 20____, by _____
[name of owner/s], of the City of _____, County of _____, State of Illinois (herein
"Owner/Owners"), being the sole Owner(s) of the following legally-described residential real estate located in _____
County, Illinois:

[legal description]

Property Identification Number:
Property Address:

The Owner(s), being of competent mind and capacity, and waiving and releasing all rights under the homestead exemption laws of the State of Illinois, hereby convey(s) and transfer(s), effective on the death of the Owner last to die, the above-described real estate to:

[beneficiary designation]

IN WITNESS WHEREOF, the said Owner(s) has/have hereunto set his/her/their hand(s) and seal(s) the day and year first above written.

NAME, Owner

NAME, Owner

AFFIX TRANSFER TAX STAMP

OR

Exempt under provisions of 33 ILCS 200/31-45, Paragraph ____, Illinois Real Estate Transfer Tax Law.

Date

Buyer, Seller, or Representative

We, the undersigned witnesses, hereby certify that the above Transfer on Death Instrument was on the date thereof signed and declared by the Owner(s) as his/her/their Transfer on Death Instrument in our presence and that we, at his/her/their request and in his/her/their presence and in the presence of each other, have signed our names as witnesses thereto, believing to the best of our knowledge that the Owner(s) was/were at the time of signing of sound mind and memory, and under no undue influence.

_____, residing at
Witness

Address

_____, residing at
Witness

Address

STATE OF ILLINOIS)
)
COUNTY OF _____)

SS

I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Owner(s) and witnesses personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me this day

in person and acknowledged that they signed, sealed, and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____, 20_____.

Notary Public

PREPARED BY AND RETURN TO:

Name
Address
Address

NOTICE OF DEATH AFFIDAVIT
AND ACCEPTANCE OF
TRANSFER ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:

Name
Address
Address

SEND SUBSEQUENT TAX BILL TO:

Name
Address
Address

RECORDER'S STAMP

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

1. That _____ [name of owner] died on _____, 20_____ [date], a resident of _____ County, Illinois, owning residential real estate legally described below:

[legal description or attach exhibit]
2. That the street address of the residential real estate is _____ [address] and the property identification number is _____ [PIN].
3. That the Transfer on Death Instrument is dated _____ and recorded as Document No. _____ in the Office of the Recorder for _____ County, Illinois.
4. That the undersigned, whose names and addresses appear below, are all beneficiaries entitled to receive under the Transfer on Death Instrument:

<u>Name</u>	<u>Address</u>	<u>Share</u>
_____	_____	_____
_____	_____	_____

IN WITNESS WHEREOF, the undersigned beneficiary(ies) hereby accept the transfer of residential real estate under the transfer on death instrument this _____ day of _____, 20_____.

Beneficiary Signature

Beneficiary Signature

