TRANSFER ON DEATH INSTRUMENT				
OWNER'S NAME AND ADDRESS AND TAXES TO:				
Name				
Address Address				
Address				
BENEFICIARY'S NAME AND ADDRESS:				
Name Address				
Address	RECORDER'S STAMP			
THIS TRANSFER ON DEATH INSTRUMENT made this	_ day of, 20, by, State of Illinois (herein			
"Owner/Owners"), being the sole Owner(s) of the following legally	y-described residential real estate located in			
County, Illinois:				
[legal description]				
[iegal description]				
Property Identification Number:				
Property Address:				
The Owner(s), being of competent mind and capacity, and wai State of Illinois, hereby convey(s) and transfer(s), effective on the c	ving and releasing all rights under the homestead exemption laws of the leath of the Owner last to die, the above-described real estate to:			
[beneficiary designation]				
IN WITNESS WHEREOF, the said Owner(s) has/have hereunto se	et his/her/their hand(s) and seal(s) the day and year first above written.			
NAME, Owner	NAME, Owner			
	ANSFER TAX STAMP			
OR				
Exempt under provisions of 33 ILCS 200/31-45, Paragraph	, Illinois Real Estate Transfer Tax Law.			
Date Buyer, Seller, or Representative				
- , ,	ransfer on Death Instrument was on the date thereof signed and declared o our presence and that we, at his/her/their request and in his/her/their			
	ies 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 mer				
u o si di so	<b>t</b>			
, residing, versiding,	Address			
, residing				
Witness	Address			
STATE OF ILLINOIS )				
) SS				
COUNTY OF)				
	the State aforesaid. DO HEREBY CERTIEY 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

Given under my hand and notarial sea         Notary Public         PREPARED BY AND RETURN TO:         Name         Address         Address         Address         NOTICE OF DEATH AFFIDAVIT         AND ACCEPTANCE OF         TRANSFER ON DEATH INSTRUMENT         PREPARED BY AND RETURN TO:         Name         Address         SEND SUBSEQUENT TAX BILL TO:         Name         Address         SEND SUBSEQUENT TAX BILL TO:         Name         Address         The undersigned beneficiary or benefit         1.       That         County, Illing         [legal description or attach exhibit]         2.       That the street address of the reside         the property identification number			,20		STAMP	
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<ul><li>[legal description or attach exhibit]</li><li>2. That the street address of the reside the property identification number</li></ul>		[name of c	owner] died or	n		[date], a resident of
2. That the street address of the reside the property identification number	ois, owning re	esidentiarrear	l estate legally	described below.		
the property identification number						
						[address] and
2 That the Transfer on Death Instrum	115			[PII	N].	
in the Office of the Recorder for				as Document No.		
4. That the undersigned, whose nam Death Instrument:	nes and addre	esses appear	below, are all	beneficiaries ent	itled to rece	eive under the Transfer on
Name	Addres	<u>ss</u>		<u>Sha</u>	<u>re</u>	
IN WITNESS WHEREOF, the undersigned instrument this day of			accept the tran	nsfer of residential	real estate u	under the transfer on death
Beneficiary Signature			Benef	ficiary Signature		

Beneficiary Print Name	Beneficiary Print Name
STATE OF ILLINOIS	) ) SS
COUNTY OF	)
I, the undersigned, a Notary Public in and	for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT [NAME OF BENEFICIARY(IES)], personally known to me to be the same person(s)
whose name(s) is/are subscribed to the foreg going affidavit.	oing instrument, appeared before me this day in person and swore on oath to the above fore-
Signed and sworn to before me this	day of, 20
Notary Public	
	d Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of on death instrument effective. You should consult a lawyer before using this form.