TRANSFER ON DEATH INSTRUME	ENT
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, State of Illinois (herein
"Owner/Owners"), being the sole Owner(s) of the following legally-c County, Illinois:	described residential real estate located in
[legal description]	
Property Identification Number: Property Address:	
The Owner(s), being of competent mind and capacity, and waiving State of Illinois, hereby convey(s) and transfer(s), effective on the de	ng and releasing all rights under the homestead exemption laws of the ath 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
ΔΕΕΙΎ TRΔN	ISFER TAX STAMP
OR	Ilinois Real Estate Transfer Tax Law.
Date Buyer, Seller, or Representative	
by the Owner(s) as his/her/their Transfer on Death Instrument in c presence and in the presence of each other, have signed our name: Owner(s) was/were at the time of signing of sound mind and memo	
, residing a Witness	Address
, residing a	
Witness	Address
STATE OF ILLINOIS)	
) SS COUNTY OF)	
	he State aforesaid, DO HEREBY CERTIFY that Owner(s) and witnesses subscribed on the foregoing instrument, appeared before me this day

in person and acknowledged purposes therein set forth.	I that they signed, seal	ed, and delivered	the said instru	ment as their free	and volur	ntary act, for the uses and
Given under my hand and	notarial seal this	day of	, 20	_·		
Notary Public						
PREPARED BY AND RETUR	N TO:					
Name Address Address						
NOTICE OF DEATH AFFIDA AND ACCEPTANCE OF	WIT					
TRANSFER ON DEATH INS	TRUMENT					
PREPARED BY AND RETUR	N TO:					
Address Address						
SEND SUBSEQUENT TAX B	ILL TO:					
Address Address				RECORDER'S STA	MP	
The tip developed home fail		io a dulu suro mo on	anth state as	fallous		
The undersigned benefici 1. That	·	- '			, 20	[date], a resident of
	County, Illinois, owning	g residential real e	state legally de	escribed below:		
[legal description or at	tach exhibit]					
2. That the street address	of the residential real of	estate is				[address] and
the property identifica	tion number is			[PIN].		
3. That the Transfer on De in the Office of the Red	eath Instrument is date corder for			Document No		
4. That the undersigned, Death Instrument:	whose names and ad	ldresses appear b	elow, are all b	eneficiaries entitled	d to recei	ve under the Transfer on
<u>Name</u>	Add	ress		<u>Share</u>		
IN WITNESS WHEREOF, th instrument this			cept the transf	er of residential rea	l estate ur	nder the transfer on death
Beneficiary Signature			Benefic	iary Signature		

Beneficiary Print Name	Beneficiary Print Name
STATE OF ILLINOIS)) SS
COUNTY OF)
I, the undersigned, a Notary Public in and	d 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 foregoing affidavit.	going 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	
	nd Acceptance form or equivalent form must be recorded by the beneficiary within 30 days of