**ILLINOIS TRANSFER ON**

**DEATH INSTRUMENT**

**NAME AND ADDRESS OF TAXPAYER:**

Name

Address

Same name/address as client

 Above reserved for official use only

On this date, \_\_\_\_\_\_\_\_\_\_\_, 2019, **NAME,** (**marital status**) residing at **ADDRESS** executes this transfer on death instrument. **NAME** will transfer upon death the following residential real estate in its entirety:

Property Address:

County: Cook

Property Identification Number (“PIN”):

**LEGAL Description**

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any, to **NAME, CITY, STATE as (joint tenants with rights of survivorship OR tenants in common).**

If **NAME** predeceases me, then his/her share should be given to **SUCCESSOR NAME, CITY, STATE.**

**[Drafting Note: The city and state where all beneficiaries reside is required. If there is more than one beneficiary you must indicate if the beneficiaries are A) joint tenants with rights of survivorship OR B) tenants in common. If tenants in common is selected, you must list percentage of ownership. Please be sure to list a backup beneficiary. You may delete this section once drafted]**

Upon my death, I transfer my interest in the above described property to the beneficiaries as designated above.

This instrument revokes any and all prior transfer on death instruments made by the above mentioned owner for the above mentioned residential real estate.

Before my death, I have the right to revoke this instrument.

This instrument is to be recorded prior to the aforesaid owner’s death in the public records in the office of the recorder of the county in which any part of the residential real estate is located.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Owner Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dated**

I attest that Name, the owner of the above mentioned property, executed this Illinois Transfer on Death Instrument in my presence on \_\_\_\_\_\_\_\_\_\_\_\_\_, 2019 This instrument was executed as a free and voluntary act by the owner. At the time of the execution, I believe the owner to be of sound mind and memory.

**WITNESS: ADDRESS OF WITNESS:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph, Suite 1610

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

I attest that Name**,** the owner of the above mentioned property, executed this Illinois Transfer on Death Instrument in my presence on \_\_\_\_\_\_\_\_\_\_\_\_\_, 2019. This instrument was executed as a free and voluntary act by the owner. At the time of the execution, I believe the owner to be of sound mind and memory.

**WITNESS: ADDRESS OF WITNESS:**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 205 W. Randolph, Suite 1610

Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chicago, IL 60606

STATE OF ILLINOIS )

 ) SS.

COUNTY OF COOK )

The undersigned, a notary public in and for the above County and State, HEREBY CERTIFIES THAT **NAME,** known to me to be the same person whose name is subscribed as the owner of the residential real estate, appeared before me and the witnesses \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in person and acknowledged signing the instrument as the free and voluntary act of the owner who was acting of sound mind and memory for the uses and purposes therein set forth.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dated Notary Public

My commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

This document was prepared by:

**Center for Disability and Elder Law**

 205 W. Randolph, Suite 1610

Chicago, Illinois 60606

 312.376.1880

**NOTICE OF DEATH AFFIDAVIT**

**AND ACCEPTANCE OF**

**TRANSFER ON DEATH**

**INSTRUMENT**

**MAIL TO:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME AND ADDRESS OF TAXPAYER:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Above reserved for official use only
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

That **Name (marital status)** died on \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, a resident of Cook County, Illinois, owning residential real estate legally described below. Name’s place of death was **\_\_\_\_\_\_\_\_\_\_\_\_\_\_(city), \_\_\_\_\_\_(state)**.

**Legal Description**

That the street address of the residential real estate is **property address** and the property identification number is \_\_\_\_\_\_\_\_\_\_\_\_\_.

That the Transfer on Death Instrument is dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and recorded as Document No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Office of the Recorder for Cook County, Illinois.

That the undersigned whose names and addresses appear below are all beneficiaries entitled to receive under the Transfer on Death Instrument:

BENEFICARY NAME\_AND ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SHARE\_\_\_\_\_\_

Fill in name, leave blank line for address

\*\*\* If multiple beneficiaries include type of tenancy (JT or Tenants in Common). If tenants in common include percentage share.

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Printed Name Printed Name**

Insert number of signature blocks as is appropriate for number of beneficiaries.

STATE OF ILLINOIS

COUNTY OF COOK

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 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 \_\_\_\_\_\_\_\_\_\_\_\_\_, A.D. 20\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public (Source: P.A. 97-555, eff. 1-1-12.)