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| **ILLINOIS TRANSFER ON** | |  | |
| **DEATH INSTRUMENT** | |  | |
|  | |  | |
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|  | |  | |
| **NAME AND ADDRESS OF TAXPAYER:** | |  | |
| {{user.name.full(middle=’full’)}} |  |  | |
| {{user.address.line\_one(bare=True)}} |  |  | |
| {{user.address.line\_two()}} |  |  | |
|  | |  | |
|  | |  | Above reserved for official use only |

On this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, {{user.name.full(middle=’full’)}} ({{user.marital\_status}}), residing at {{user.address.on\_one\_line(bare=True)}} executes this transfer on death instrument. {{user.name.full(middle=’full’)}}will transfer upon death the following residential real estate in its entirety:

{{todi\_property.line\_one(bare=True)}}, {{todi\_property.city}}, {{todi\_property.county}}, {{todi\_property.state}} {{todi\_property.zip}}

Property Identification Number (“PIN”): {{todi\_property.pin}}

{{todi\_property.description}}

SUBJECT to all easements, rights-of-way, protective covenants and mineral reservations of record, if any, to:

|  |  |  |
| --- | --- | --- |
| **Beneficiary Name, Relationship to Owner** | **Beneficiary Address** | **Share (%)** |

{% for person in beneficiaries %}

|  |  |  |
| --- | --- | --- |
| {{person.name.full(middle=’full’)}}, {{person.relationship}} | {{person.address.on\_one\_line(bare=True)}} | {{person.percent\_share}}% |

{% endfor %}

{%p for person in beneficiaries %}

{%p if person.has\_successor == True %}

If {{person.name.full(middle=’full’)}} predeceases me, then to my {{person. successor\_beneficiary.relationship}} {{person.successor\_beneficiary.name.full(middle=’full’)}} of {{person.successor\_beneficiary.address.city}}, {{person.successor\_beneficiary.address.state}}.

{%p endif %}

{%p endfor %}

{%p if beneficiaries.number() == 1 %}

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

{%p endif %}

{%p if beneficiaries.number() != 1 %}

Upon my death, I transfer my interest in the above described property to the beneficiaries designated above as {{tenancy\_type}}.

{%p endif %}

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.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| {{user.name.full(middle=’full’)}} |  | Date |

I, {% if first\_witness\_known== False %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ witnesses[0].name.full(middle=’full’)}}{% endif %}, attest that {{user.name.full(middle=’full’)}}, the owner of the above mentioned property, executed this Illinois Transfer on Death Instrument in my presence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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: |  |  | {% if first\_witness\_known == True %}{% if first\_witness\_address\_known == True %}{{ witnesses[0].address.line\_one(bare=True)}}{% endif %} {% endif %} |
| Printed: | {% if first\_witness\_known == True %}{{ witnesses[0].name.full(middle=’full’)}}{% endif %} |  | {% if first\_witness\_known == True %}{% if first\_witness\_address\_known == True %}{{ witnesses[0].address.line\_two()}}{% endif %}{% endif %} |
| Dated: |  |  |  |

I, {% if second\_witness\_known== False %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{witnesses[1].name.full(middle=’full’)}}{% endif %}, attest that {{user.name.full(middle=’full’)}}, the owner of the above mentioned property, executed this Illinois Transfer on Death Instrument in my presence on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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: |  |  | {% if second\_witness\_known == True %}{% if second\_witness\_address\_known == True %}{{ witnesses[1].address.line\_one(bare=True)}}{% endif %} {% endif %} |
| Printed: | {% if second\_witness\_known == True %}{{ witnesses[1].name.full(middle=’full’)}}{% endif %} |  | {% if second\_witness\_known == True %}{% if second\_witness\_address\_known == True %}{{ witnesses[1].address.line\_two()}}{% endif %}{% endif %} |
| Dated: |  |  |  |

STATE OF ILLINOIS

COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned, a notary public in and for the above County and State, HEREBY CERTIFIES THAT {{user.name.full(middle=’full’)}}, 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 {% if first\_witness\_known== False %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ witnesses[0].name.full(middle=’full’)}}{% endif %} and {% if second\_witness\_known== False %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ witnesses[1].name.full(middle=’full’)}}{% endif %} 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. Signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

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

Notary Public

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

This document was prepared by: {{user.name.full(middle=’full’)}}

{{user.address.on\_one\_line(bare=True)}}{% if user.include\_phone == True %}, {{phone\_number\_formatted(user.phone\_number)}}{% endif %}{% if user.include\_email == True %}, {{user.email}}{% endif %}

|  |  |  |  |
| --- | --- | --- | --- |
| **NOTICE OF DEATH AFFIDAVIT** | |  | |
| **AND ACCEPTANCE OF** | |  | |
| **TRANSFER ON DEATH INSTRUMENT** | |  | |
|  | |  | |
| **MAIL TO:** | |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  | |  | |
| **NAME AND ADDRESS OF TAXPAYER:** | |  | |
| {{user.name.full(middle=’full’)}} |  |  | |
| {{user.address.line\_one(bare=True)}} |  |  | |
| {{user.address.line\_two()}} |  |  | Above reserved for official use only |

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

That {{user.name.full(middle=’full’)}} ({{user.marital\_status}})died on \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, a resident of {{user.address.county}}, {{user.address.state}}, owning residential real estate legally described below:

{{todi\_property.description}}

That the street address of the residential real estate is {{todi\_property.on\_one\_line(bare=True)}} and the property identification number is {{todi\_property.pin}}.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| That the Transfer on Death Instrument is dated | | |  | , |  | and recorded as |
| Document No. |  | in the Office of the Recorder for {{todi\_property.county }}, Illinois. | | | | |

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

|  |  |  |
| --- | --- | --- |
| **Beneficiary Name, Relationship to Owner** | **Beneficiary Address** | **Share (%)** |

{% for person in beneficiaries %}

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_% |

{% endfor %}

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Signature** |
|  |  |  |
| **Printed Name** |  | **Printed Name** |

STATE OF ILLINOIS

COUNTY OF\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

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

Notary Public