|  |  |  |  |
| --- | --- | --- | --- |
| **ILLINOIS TRANSFER ON** | |  | |
| **DEATH INSTRUMENT** | |  | |
|  | |  | |
| **NAME AND ADDRESS OF {{TAX\_WORD}}:** | |  | |
| {{users[0].name.full(middle=’full’)}} |  |  | |
| {{users[0].address.line\_one(bare=True)}} |  |  | |
| {{users[0].address.line\_two()}} |  |  | |
|  |  |  | |
| {% if joint\_language == True %}{{joint\_owner. name.full(middle=’full’)}}{% endif %} |  |  | |
| {% if joint\_language == True %}{{joint\_owner.address.line\_one(bare=True)}}{% endif %} |  |  | |
| {% if joint\_language == True %}{{joint\_owner.address.line\_two()}}{% endif %} |  |  | |
|  | |  | Above reserved for official use only |

On this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, {{users[0].name.full(middle=’full’)}} ({{users[0].marital\_status}}), residing at {{users[0].address.on\_one\_line(bare=True)}}, {% if joint\_language == True %}and {{joint\_owner.name.full(middle=’full’)}} ({{joint\_owner.marital\_status}}), residing at {{joint\_owner.address.on\_one\_line(bare=True)}} execute {% else %}executes {% endif %}this transfer on death instrument. {{users[0].name.full(middle=’full’)}} {% if joint\_language == True %}and {{joint\_owner.name.full(middle=’full’)}} {% endif %}will transfer upon their {{death\_or\_deaths}}{% if other\_owners\_check != “sole” %}{% if shared\_owners\_type == “Tenancy in common” %} their {{user\_common\_share}}% share of{% endif %}{% endif %} the following residential real estate{% if other\_owners\_check == “sole” %} in its entirety{% elif joint\_language == True %} in its entirety{% endif %}:

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

Property Index 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’)}}, {% if joint\_language == True %}{{person.relationship\_info}}{% else %}{{person.relationship}}{% endif %} | {% if person.in\_america == True %}{{person.address.on\_one\_line(bare=True)}}{% else %}{{person.intl\_address\_1}}, {{person.intl\_address\_2}}{% endif %} | {{person.percent\_share}}% |

{% endfor %}

{%p for person in beneficiaries %}

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

If {{person.name.full(middle=’full’)}} predeceases {{ me\_or\_us}}, then {% if joint\_language == False %}my {{person. successor\_beneficiary.relationship.lower()}} {{person.successor\_beneficiary.name.full(middle=’full’)}} of {{person.successor\_beneficiary.address.city}}, {% if person.successor\_beneficiary.in\_america == True %}{{person.successor\_beneficiary.address.state}}{% else %}{{person.successor\_beneficiary.country}}{% endif %}{% else %}{{person.successor\_beneficiary.name.full(middle=’full’)}} ({{person.successor\_beneficiary.relationship\_info}}) of {{person.successor\_beneficiary.address.city}}, {% if person.successor\_beneficiary.in\_america == True %}{{person.successor\_beneficiary.address.state}}{% else %}{{person.successor\_beneficiary.country}}{% endif %}{% endif %} is {{my\_or\_our}} successor beneficiary.

{%p endif %}

{%p endfor %}

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

Upon {{my\_or\_our}} {{death\_or\_deaths}}, {{i\_or\_we}} transfer {{my\_or\_our}} interest in the above described property to the beneficiary designated above.

{%p endif %}

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

Upon {{my\_or\_our}} {{death\_or\_deaths}}, {{i\_or\_we}} transfer {{my\_or\_our}} interest in the above described property to the beneficiaries designated above as {{tenancy\_type}}.

{%p endif %}

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 |

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\_or\_our}} {{death\_or\_deaths}}, {{i\_or\_we}} have the right to revoke this instrument.

This instrument is to be recorded prior to the aforesaid {{owners\_apostrophe}} {{death\_or\_deaths}} in the public records in the office of the recorder of the county in which any part of the residential real estate is located.

{% if joint\_language == False %}

|  |  |  |
| --- | --- | --- |
|  |  |  |
| {{users[0].name.full(middle=’full’)}} |  | Date |

{% elif joint\_language == True %}

|  |  |  |
| --- | --- | --- |
|  |  |  |
| {{users[0].name.full(middle=’full’)}} |  | Date |
|  |  |  |
|  |  |  |
| {{joint\_owner.name.full(middle=’full’)}} |  | Date |

{% endif %}{% if first\_witness\_known == True %}

I, {% if first\_witness\_known == False %}\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% else %}{{ witnesses[0].name.full(middle=’full’)}}{% endif %}, attest that {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, the {{owner\_or\_owners}} 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\_or\_owners}}. At the time of the execution, I believe the {{owner\_or\_owners}} 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 {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, the {{owner\_or\_owners}} 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\_or\_owners}}. At the time of the execution, I believe the {{owner\_or\_owners}} 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 {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, known to me to be the same {{person\_or\_persons}} whose {{name\_is\_or\_names\_are}} subscribed as the {{owner\_or\_owners}} of the residential real estate, appeared before me and the witnesses {% if second\_witness\_known == True %}{{ witnesses[0].name.full(middle=’full’)}} and {{ witnesses[1].name.full(middle=’full’)}}{% else %} {{witnesses[0].name.full(middle=’full’)}} and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_{% endif %} in person and acknowledged signing the instrument as the free and voluntary act of the {{owner\_or\_owners}} 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

{% else %}

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, the {{owner\_or\_owners}} 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\_or\_owners}}. At the time of the execution, I believe the {{owner\_or\_owners}} to be of sound mind and memory.

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness:** |  |  | **Address of witness:** |
| Signed: |  |  |  |
| Printed: |  |  |  |
| Dated: |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I, | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, the {{owner\_or\_owners}} 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\_or\_owners}}. At the time of the execution, I believe the {{owner\_or\_owners}} to be of sound mind and memory.

|  |  |  |  |
| --- | --- | --- | --- |
| **Witness:** |  |  | **Address of witness:** |
| Signed: |  |  |  |
| Printed: |  |  |  |
| Dated: |  |  |  |

STATE OF ILLINOIS

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

The undersigned, a notary public in and for the above County and State, HEREBY CERTIFIES THAT {{users[0].name.full(middle=’full’)}}{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}}{% endif %}, known to me to be the same {{person\_or\_persons}} whose {{name\_is\_or\_names\_are}} subscribed as the {{owner\_or\_owners}} 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\_or\_owners}} 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

{% endif %}

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

This document was prepared by:

{{users[0].name.full(middle=’full’)}}

{{users[0].address.on\_one\_line(bare=True)}}{% if users[0].include\_phone == True %}, {{phone\_number\_formatted(users[0].phone\_number)}}{% endif %}{% if users[0].include\_email == True %}, {{users[0].email}}{% endif %}{% if joint\_language == True %}

{{joint\_owner.name.full(middle=’full’)}}

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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 {{users[0].name.full(middle=’full’)}} ({{users[0].marital\_status}})died on \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,{% if joint\_language == True %} and {{joint\_owner.name.full(middle=’full’)}} ({{joint\_owner.marital\_status}})died on \_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_, a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County in the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,{% endif %} owning{% if other\_owners\_check != “sole” %}{% if shared\_owners\_type == “Tenancy in common” %} a {{user\_common\_share}}% share of the{% endif %}{% endif %} 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 index 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