

PREPARED BY and MAIL TO:

Name _____

Address _____

City/State/Zip _____

NAME & ADDRESS OF PROPERTY OWNER:

Name _____

Address _____

City/State/Zip _____

ILLINOIS RESIDENTIAL TRANSFER ON DEATH INSTRUMENT REVOCATION § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT **REVOCATION** (TODI REVOCATION) which was completed and signed before a notary public on the following date: day _____ month _____ year _____, by the property owner(s), whose name is or are: _____, and currently live at the street address of _____ in the city/village of: _____ and county of: _____, in the state of: _____ with a zip code of: _____, while being of sound mind and memory to execute this Instrument, do now **hereby REVOKE** the Transfer on Death Instrument recorded on (Date) _____ as Document Number _____ recorded in the County of Cook, State of Illinois.

LEGAL DESCRIPTION:

CHECK WHICH APPLIES **WRITTEN BELOW** -OR- **ATTACHED AS AN EXHIBIT**

PROPERTY IDENTIFICATION NUMBER(PIN): ____ - ____ - ____ - ____ - ____

COMMONLY REFERRED TO ADDRESS: _____

SPECIAL NOTICE: This form is provided compliments of the COOK COUNTY CLERK and DOES NOT CONSTITUTE LEGAL ADVICE in any way, shape or form. Furthermore, it is provided WITHOUT any TITLE EXAMINATION or REVIEW of your individual estate plan. PLEASE CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL if you have additional questions, comments or concerns regarding how to complete this form, as the COOK COUNTY CLERK'S OFFICE STAFF MAY NOT assist you with the preparation of this, or any, legal document.

IN WITNESS WHEREOF, the said Owner(s) has/have hereunto set their hand(s) and seal(s) the day and year first above written.

PRINT OWNER NAME (A): _____

PRINT OWNER NAME (B): _____

SIGNATURE OF OWNER (A): _____

SIGNATURE OF OWNER (B): _____

DATE SIGNED BEFORE NOTARY: _____

DATE SIGNED BEFORE NOTARY: _____

WITNESS DECLARATION – THIS SECTION IS TO BE ATTESTED TO AND SIGNED IN THE PRESENCE OF THE OWNER/OWNERS, ALL WITNESSES, AND NOTARY PUBLIC:

We, the undersigned witnesses, hereby certify that the foregoing TRANSFER ON DEATH INSTRUMENT REVOCATION was executed and signed on the date referenced above, and signed by the owner(s) as the owner(s) voluntary TRANSFER ON DEATH INSTRUMENT REVOCATION in our presence, at the request of the owner(s), and while also in the presence of one another. We also do now hereby swear and affirm that we are signing our names to this Instrument with the belief and knowledge that the owner(s), was or were, at the time of signing of sound mind and memory, and free from any undue influence or coercion by any parties, including us as witnesses.

PRINT WITNESS NAME (A): _____

PRINT WITNESS NAME (B): _____

SIGNATURE OF WITNESS (A): _____

SIGNATURE OF WITNESS (B): _____

DATE SIGNED BEFORE NOTARY: _____

DATE SIGNED BEFORE NOTARY: _____

NOTARY VERIFICATION SECTION:

STATE OF _____)
 COUNTY OF _____) **SS**

I, the undersigned, a notary public in and for said County, in the State aforesaid, **DO HEREBY CERTIFY** that the owner or owners, and witnesses, personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me on the below date and signed, sealed and delivered the foregoing instrument as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and notarial seal this _____ day of _____ 20_____.

PRINT NOTARY NAME: _____ SIGNATURE OF NOTARY PUBLIC: _____

AFFIX NOTARY STAMP: