

TRANSFER ON DEATH INSTRUMENT REVOCATION

PREPARED BY AND RETURN TO:

Name
Address
Address

OWNER'S NAME AND ADDRESS AND TAXES TO:

Name
Address
Address

RECORDER'S STAMP

THIS TRANSFER ON DEATH INSTRUMENT REVOCATION made this _____ day of _____, 20____, by _____
[name of owner/s], of the City of _____, County of _____,
State of Illinois (herein "Owner/Owners"), being the sole Owner(s) of the following legally-described residential real estate located in _____
County, Illinois:

[legal description]

Property Identification Number:
Property Address:

The Owner(s), being of competent mind and capacity to execute this Instrument, hereby revoke the Transfer on Death Instrument recorded _____ as Document Number _____ in the Office of the _____
County Recorder.

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

We, the undersigned witnesses, hereby certify that the above Transfer on Death Instrument Revocation was on the date thereof signed and declared by the Owner(s) as his/her/their Transfer on Death Instrument Revocation in our presence and that we, at his/her/their request and in his/her/their presence and in the presence of each other, have signed our names as witnesses thereto, believing to the best of our knowledge that the Owner(s) was/were at the time of signing of sound mind and memory, and under no undue influence.

_____, residing at
Witness

Address

_____, residing at
Witness

Address

STATE OF ILLINOIS

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SS

COUNTY OF _____

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I, the undersigned, a notary public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that Owner(s) and witnesses personally known to me to be the same persons whose names are subscribed on the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed, and delivered the said 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____.

Notary Public