

**Return Document To:**

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**Prepared By:**

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**Send Subsequent Tax Bill To:**

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(FOR RECORDING USE ONLY)

## **NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT**

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

That \_\_\_\_\_ died on \_\_\_\_\_, 20\_\_\_\_,  
a resident of \_\_\_\_\_ County, State of Illinois, owning real estate legally described below:

That the street address of the residential real estate is \_\_\_\_\_ and the  
property identification number is \_\_\_\_\_ (PIN). That the Transfer on Death Instrument is  
dated \_\_\_\_\_ and recorded as Document No. \_\_\_\_\_ in the Office of the  
Recorder for \_\_\_\_\_ County, Illinois.

