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

Name	Address	Share

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

Day                      Month                      Year

_____ Signature of Beneficiary	_____ Signature of Beneficiary
_____ Name (Print)	_____ Name (Print)
_____ Signature of Beneficiary	_____ Signature of Beneficiary
_____ Name (Print)	_____ Name (Print)
_____ Signature of Beneficiary	_____ Signature of Beneficiary
_____ Name (Print)	_____ Name (Print)

STATE OF ILLINOIS                      }

COUNTY OF \_\_\_\_\_ } SS

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

\_\_\_\_\_,  
 Name(s) of Beneficiary(ies)  
 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 \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_.

Day                      Month                      Year

\_\_\_\_\_  
 Signature of Notary

My commission expires: \_\_\_\_\_