

UNOFFICIAL COPY

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:

David G. Clark, Attorney
8840 Calumet Avenue, Suite 205
Munster, IN 46321



Doc#: 1435119000 Fee: \$42.25
RHSP Fee:\$9.00 RPRF Fee: \$1.00
Karen A. Yarbrough
Cook County Recorder of Deeds
Date: 12/17/2014 08:33 AM Pg: 1 of 2

SEND SUBSEQUENT TAX BILL TO:

Jesse F. Sims, Jr.
15142 Marshfield Avenue
Harvey, IL 60426

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

That BESSIE R. SIMS died on November 7, 2014, a resident of COOK COUNTY, ILLINOIS, owning residential real estate legally described below:

Lot 26 and the North Half of Lot 27 in Block 142 in Harvey, a Subdivision of the East Half of the North East Quarter of Section 18, Township 26 North, Range 14 East of the Third Principal Meridian, in Cook County, Illinois.

That the street address of the residential real estate is 15142 Marshfield Avenue, Harvey, IL 60426 and the property identification number is 29-18-206-032-0000.

That the Transfer on Death Instrument is dated March 1, 2013 and recorded as Document No. 1313029053 in the Office of the Recorder for Cook County, Illinois.

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

JESSE F. SIMS, JR. 15142 MARSHFIELD AVENUE, HARVEY, IL 60426 100% SHARE

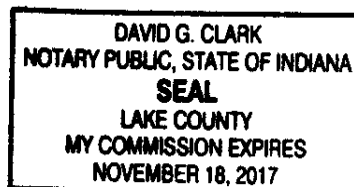
In witness whereof, the undersigned beneficiary hereby accepts the transfer of residential real estate under the transfer on death instrument this 3rd day of December, 2014.

Jesse F. Sims, Jr.
JESSE F. SIMS, JR.

STATE OF INDIANA
COUNTY OF LAKE

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT JESSE F. SIMS, JR. 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 3rd day of December, 2014.

David G. Clark
Notary Public



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**COOK COUNTY CLERK VITAL RECORDS
CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2014 0086875

DATE ISSUED 11/19/2014

DECEDENT'S LEGAL NAME BESSIE R SIMS		SEX FEMALE	DATE OF DEATH NOVEMBER 07, 2014	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 87 YEARS	DATE OF BIRTH OCTOBER 24, 1927		
CITY OR TOWN HARVEY	HOSPITAL OR OTHER INSTITUTION NAME 15142 S MARSHFIELD			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE INDIANOLA, MS	SOCIAL SECURITY NUMBER [REDACTED]-9576	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 15142 S MARSHFIELD	APT. NO.	CITY OR TOWN HARVEY	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60426	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JAMES HENRY MARSHALL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION THELMA JONES
INFORMANT'S NAME THELMA SIMS	RELATIONSHIP DAUGHTER	MAILING ADDRESS 15142 S MARSHFIELD, HARVEY, IL, 60426		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION NOVEMBER 15, 2014	
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME NANCY L CLARK		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 18, 2014		
CAUSE OF DEATH	PART I. ALZHEIMERS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH UNKNOWN UNKNOWN		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of):			
	b. _____ Due to (or as a consequence of):			
	c. _____ Due to (or as a consequence of):			
PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I.		WAS AN AUTOPSY PERFORMED? NO		
		WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A		
FEMALE PREGNANCY STATUS NOT APPLICABLE		MANNER OF DEATH NATURAL		
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?	
LOCATION OF INJURY				
DESCRIBE HOW INJURY OCCURRED:		IF TRANSPORTATION INJURY, SPECIFY		
ATTEND THE DECEASED? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 09:57 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 17, 2014	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH FARHAN SHAMS, 1441 BRANDING LN, DOWNERS GROVE, IL, 60515			PHYSICIAN'S LICENSE NUMBER 036098448	

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.



David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM