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DOCUMENT PREPARED BY:

LISA M^c CASKILL



#1705816020*

Doc# 1705816020 Fee \$44.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/27/2017 11:33 AM PG: 1 OF 4

MAIL SUBSEQUENT TAX BILLS TO:

LISA M^c CASKILL

6210 S. DORCHESTER AVE #1E

CHICAGO, IL 60637

CCRD SPECIAL NOTICE: THIS IS A NON-MANDATORY COURTESY FORM, AND IS NOT LEGAL ADVICE IN ANYWAY!

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED

Pursuant to §755 ILCS 27/75, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, SHEILA K. MCCASKILL died on FEBRUARY 16, 2017

as a resident of COOK County, Illinois, as owner of the Property Identification Number:

20 - 25 - 330 - 012 - 0000

With the Legal Description of (attach exhibit if more room is needed):

* PLEASE SEE LEGAL DESCRIPTION ON THE ATTACHED EXHIBIT.

And Common Address Of:

7841 S. BENNETT AVENUE, CHICAGO, IL 60639-4621

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on FEBRUARY 14, 2017 as Document Number: 1704544000 naming the following beneficiary/beneficiaries

as the successive owner(s) of the property referenced above with the stated percentage/share of said property:

NAME:	ADDRESS:	SHARE:
LISA M ^c CASKILL	6210 S. DORCHESTER AVE, CHICAGO, IL 60637	100%

This FORM is
Compliments of:



KAREN A. YARBROUGH
CEDRIC GILES
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

Page 1
of 2

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COOK COUNTY RECORDER OF DEEDS NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED PAGE 2 OF 2 (COURTESY FORM)

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this 27 (day) of FEBRUARY (month), 2017 (year).

Beneficiary Name & Signature Section:

LISA M^c CASKILL
Print Beneficiary Name Above

Print Beneficiary Name Above

Lisa M^c Caskill
Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Print Beneficiary Name Above

Print Beneficiary Name Above

Beneficiary Signature Above

Beneficiary Signature Above

Notary Public Section:

STATE OF ILLINOIS }
COUNTY OF Cook } SS

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

Lisa M^c Caskill

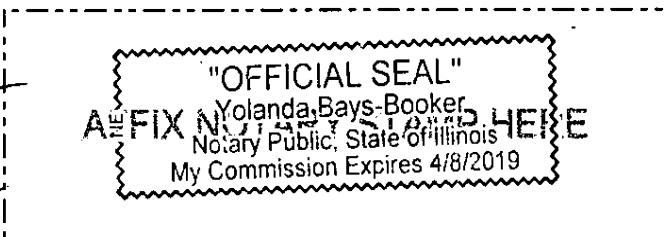
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 27th (day) of Feb (month), 2017 (year).

[Signature]
Signature of Notary Above

Yolanda Bays-Booker
Print Name of Notary Above



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Recording requested by:
Sheila K. McCaskill

and when recorded mail
this deed and tax statements to:

Sheila K. McCaskill
6210 S Dorchester Avenue, #1E,
Chicago, IL 60637



Doc# 1704544000 Fee \$42.00

RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 02/14/2017 09:36 AM PG: 1 OF 1

Illinois Transfer-on-Death Instrument

Sheila K McCaskill, Owner, being of sound mind and memory, transfers, effective on the death of Owner, free of any claim of homestead exemption under the laws of Illinois, to Lisa McCaskill, 6210 S Dorchester Avenue, #1E, Chicago, IL 60637, the following described interest in residential real property in Cook County, Illinois:
7841 S. Bennett Ave., Chicago, IL 60649

THE NORTH 1/2 OF LOT 28 AND THE SOUTH 3/4 OF LOT 29 IN BLOCK 31 IN SOUTHFIELD, BEING A SUBDIVISION OF 17 TO 19, 22 TO 24 AND 26 TO 32 ALL INCLUSIVE IN JAMES STINSON'S SUBDIVISION OF EAST GRAND CROSSING IN THE SOUTHWEST 1/4 OF SECTION 25, TOWNSHIP 33 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Property Address: 7841 S Bennett Avenue, Chicago, IL 60649-4621

Parcel Identification Number: 20-25-330-012-0000



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

STATE FILE NUMBER 2017 0014136

DATE ISSUED 2/20/2017

DECEDENT'S LEGAL NAME SHEILA KAY MCCASKILL		SEX FEMALE	DATE OF DEATH FEBRUARY 16, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 71 YEARS	DATE OF BIRTH AUGUST 27, 1945		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 6210 S DORCHESTER AVE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 344-36-2167	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 6210 S DORCHESTER AVE	APT. NO. 1E	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60637	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION CLARENCE WILLIAMS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALICE ABERNATHY
INFORMANT'S NAME LISA MCCASKILL	RELATIONSHIP DAUGHTER	MAILING ADDRESS 6210 S DORCHESTER AVE APT 1E, CHICAGO, IL 60637		
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION FOREST CREMATORY	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION FEBRUARY 21, 2017	
FUNERAL HOME CREMATION SOCIETY OF ILLINOIS - HYDE PARK, 1374 EAST 53RD STREET, CHICAGO, IL, 60615				
FUNERAL DIRECTOR'S NAME GERALD F. SULLIVAN		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011165		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR FEBRUARY 20, 2017		
CAUSE OF DEATH	PART I. ACUTE MYELOID LEUKEMIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	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 significant conditions contributing to death 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 PREGNANT WITHIN LAST YEAR		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 06:28 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 17, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ERNESTINE HAMBRICK, 1340 S DAMEN AVE, CHICAGO, ILLINOIS 60608			PHYSICIAN'S LICENSE NUMBER 036042220	



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 WORDS APPEAR WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS AT BOTTOM