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KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

DATE: 08/16/2017 01:04 PM PG: 1 OF 3

DOCUMENT PREPARED BY:

AREPAREO

BY JERALD L COWAN

JEFFREY L JOHNSON

MAIL SUBSEQUENT TAX BILLS TO:

JERALD L COWAN

JEFFREY L JOHNSON

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 ORANGIEL JOHNSON died on JUNE 29, 2017

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

15 - 15 - 224 - 005 - 0000

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

THE NORTH 40 FEET OR THE SOUTH 69.70 FEET OF LOT 22 IN SEMINARY ADDITION TO MAYWOOD, BEING A SUBDIVISION OF PART OF THE NORTHEAST QUARTER OF SECTION 5 TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS And Common Address Of:

1413 SOUTH 17TH AVE MAYWOOD, IL 60153

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on

1/5/2017 as Document Number: 1700549006 naming the following one beneficiary/beneficiaries

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

NAME:	ADDRESS:	SHARE:
<u>JEFFREY L JOHNSON</u>	<u>1413 SOUTH 17TH AVE MAYWOOD, IL</u>	<u>1/3</u>
<u>JERALD L COWAN</u>	<u>1413 SOUTH 17TH AVE MAYWOOD, IL</u>	<u>1/3</u>
<u>JEFFREY L JOHNSON</u>	<u>1413 SOUTH 17TH AVE MAYWOOD, IL</u>	<u>1/3</u>

This FORM is Compliments of:



CEDRIC GILES
CHIEF DEPUTY RECORDER

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

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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 16 (day) of AUGUST (month), 2017 (year).

Beneficiary Name & Signature Section:

Joyce A Johnson
Print Beneficiary Name Above

Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

Beneficiary Signature Above

Jerald Cowan
Print Beneficiary Name Above

Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

Beneficiary Signature Above

Jeffrey Johnson
Print Beneficiary Name Above

Print Beneficiary Name Above

[Signature]
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

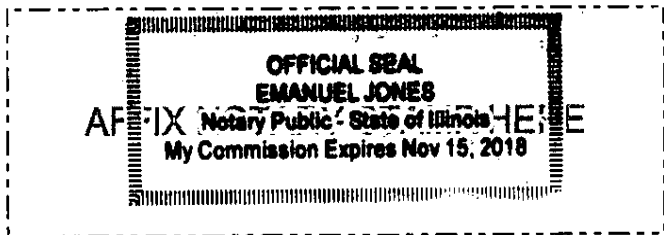
JOYCE A. JOHNSON, JERALD COWAN AND JEFFREY JOHNSON
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 16 (day) of AUGUST (month), 2017 (year).

[Signature]
Signature of Notary Above

EMANUEL JONES
Print Name of Notary Above



This FORM is Compliments of:



CEDRIC GILES
CHIEF DEPUTY RECORDER

KAREN A. YARBROUGH

COOK COUNTY RECORDER OF DEEDS

CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2017 0051950

MEDICAL EXAMINER'S CASE NUMBER ME2017-02852

DATE ISSUED 6/28/2017


DECEDENT'S LEGAL NAME ORANGIE LEE JOHNSON		SEX FEMALE	DATE OF DEATH JUNE 20, 2017	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 80 YEARS	DATE OF BIRTH APRIL 17, 1937		
CITY OR TOWN MAYWOOD	HOSPITAL OR OTHER INSTITUTION NAME 1413 SOUTH 11TH AVENUE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE MONTROSE, MS	SOCIAL SECURITY NUMBER [REDACTED]-5322	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 1413 SOUTH 11TH AVENUE	APT. NO. HOUSE	CITY OR TOWN MAYWOOD	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60153	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION FLOYD CAMPBELL	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION DEMETTER BROWN
INFORMANT'S NAME JOYCE JOHNSON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 1413 SOUTH 11TH AVENUE, MAYWOOD, IL 60153	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAKRIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JULY 01, 2017	
FUNERAL HOME EMANUEL'S CHAPEL FUNERAL HOME, 5040 SOUTH WESTERN AVENUE, CHICAGO, IL 60609				
FUNERAL DIRECTOR'S NAME EMANUEL JONES			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014456	
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JUNE 28, 2017	
CAUSE OF DEATH	PART I:	FRACTURE OF CERVICAL SPINE		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Due to (or as a consequence of)		
	b.	FALL DOWN STAIRS		
	c.	Due to (or as a consequence of)		
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 OBESITY			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE			MANNER OF DEATH ACCIDENT	
DATE OF INJURY JUNE 20, 2017	TIME OF INJURY 09:25 PM	PLACE OF INJURY HOME	INJURY AT WORK? NO	
LOCATION OF INJURY 1413 SOUTH 11TH AVENUE, MAYWOOD, IL, 60153				
DESCRIBE HOW INJURY OCCURRED FELL DOWN BASEMENT STAIRWAY ONTO FLOOR			IF TRANSPORTATION INJURY, SPECIFY	
ATTEND THE DECEASED?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED JUNE 20, 2017	TIME OF DEATH 09:49 PM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED JUNE 22, 2017	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST. CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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
 Cook County Clerk



D00022919

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE