

UNOFFICIAL COPY

DOCUMENT PREPARED BY:	=					
Kimberly K. Geissler						
11358 S. Nashville Rive	*1730646087*					
Worth, II. 60482	Doc# 1730646087 Fee \$44.00					
MAIL SUBSEQUENT TAX BILLS TO:	RHSP FEE:\$9.00 RPRF FEE: \$1.00					
Kimberly K. Geissler	KAREN A.YARBROUGH COOK COUNTY RECORDER OF DEEDS DATE: 11/02/2017 11:18 AM PG: 1 OF 4					
11358 S. Nachville Ave						
Worth, II. 60482						
CCRD SPECIAL NOTICE: THIS IS A NON-I	MANDATORY COURTESY FORM, AND <u>IS NOT</u> LEGAL ADVICE IN ANYWAY!					
NOTICE OF DEATH FIDAVIT & ACC	EPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED					
Pursuant to §755 ILCS 27.75. Sec. 75. Noti	ce of death affidavit, the undersigned beneficiary/beneficiaries, having been					
duly sworn and under oath, do state the foll	owing: That, Audrey L. Gerssler died on October 19, 2017					
as a resident of <u>Cook</u> O	County, Illinois, as owner of the Property Identification Number:					
24-19-	219-824-0000					
With the Legal Des	cription Cr (attach exhibit if more room is needed):					
Lot 12 in block 7 in Be	verly Frelds, being a subdivision of the west					
	quarter of Siction 19, Town ship 37 North.					
Range 13, east of the 1	nird principal meridian, in cook County					
Illingis	C ₂					
	And Common Address Of:					
	Τ΄.					
And Furthermore, the aforementioned owner	(who is now deceased) recorded a Transfer or Der th Instrument (TODI) on					
October 23, 2017 as Document Num	ber: 172964155 naming the following beneficiary/beneficiaries					
as the successive owner(s) of the prope	erty referenced above with the stated percentage/share of said property:					
NAME:	ADDRESS: SHARE:					
,	Uashville Ave, worth, II. 60482 80%					
Renee Murawski 9832 S.	NoHingham Ave, Chicago Ridge, Iluis 20%					

This FORM is Compliments of:



KAREN A. YARBROUGH

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CEDRIC GILES

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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 acce	pt the transfer of residential real estate under the Transfer								
on Death Instrument, this 28+h (day) of 0c+	ober (month), 2017 (year).								
Beneficiary Name & Signature Section:									
Kimberly K. Geissler	RENEE M. MURAWAKi								
Kimberly K. Gerssler Print Beneficiary Name Above	Print Beneficiary Name Above								
Kimberly K. Lessler Encliciary Signature Above	RENEE M. MURAWGKi Print Beneficiary Name Above Renee M. Murauski								
SancTiciary Signature Above	Beneficiary Signature Above								
0									
Print Beneficialy werne Above	Print Beneficiary Name Above								
	,								
Beneficiary Signature Apove	Beneficiary Signature Above								
Print Beneficiary Name Above	Print Beneficiary Name Above								
First Deficically Name Above	Plint beneficiary Name Above								
Beneficiary Signature Above	Beneficiary Signature Above								
Alakan, Duklia	7/								
Notary Public STATE OF ILLINOIS	Section								
COUNTY OF Cook ss	Q _A ,								
	7								
I, the undersigned, a Notary Public in and for the State aforesa									
Kimberly K. Gerssler and Re List the Name(s) of ALL Beneficiary(ies) who a	enee M. Murawsh!								
	C (₹≥)								
personally known to me to be the same person or persons who instrument, appeared before me this day in person and swore of Signard and sworn to before me this	ose name or names are subscribed to the foregoing of ARY Community on oath to the above foregoing affidavit.								
Signed and sworn to before me this 25 4 (day) of 0	of Fig.								
Signed and sworm to before the this (day) or	(month), —— (joan) m.C. m.C. m.C. m.C. m.C. m.C. m.C. m.C								
Dene M. War	My Commission Expires Jan 14, 2019 My Commission Expires Jan 14, 2019								
Signature of Notary Above	ELORENCE M. WAGNER								
Florence m. Wasner	SOPE SEAL SEAL SEAL SEAL SEAL SEAL SEAL SEA								
Print Name of Notary Above	A VADDDOUGII								
This FORM is Compliments of: CEDRIC GILES COMPLETE SERVICE SE	OK COUNTY RECORDER OF DEEDS of 2								

1730646087 Page: 3 of 4

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EXHIBIT A

File No.: 2/21534

Property Address: 11358 S NASHVILLE, WORTH, IL, 60482

LOT 12 IN BLOCK 7 IN BEVERLY FIELDS, BEING A SUBDIVISION OF THE WEST HALF OF THE NORTHEAST QUANTER OF SECTION 19, TOWNSHIP 37 NORTH, RANGE 13, EAST OF THE THIRD Of Coot County Clark's Office PRINCIPAL MERIDIAN, 'N COOK COUNTY, ILLINOIS.

PIN: 24-19-219-024

NOTOTATIBLECORD

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

STATE FILE NUMBER 2017 0	084050					DATE ISSUED	10/24/2017
DECEDENT'S LEGAL NAME AUDREY L GEISSLER				sex FEI	 A section of the sectio	F DEATH OBER 19, 2017	
COOK		AGE AT LAST BIRTHDAY 90 YEARS		DATE OF BIRTH MARCH 04	1927		
CITY OR TOWN WORTH			HOSPITAL OR OTHER	Control of the contro			
PLACE OF DEATH DECEDENT'S HOME					왕왕 (원) <u>왕</u> (원)원		
BIRTHPLACE CHICAGO, IL	345-20-5759	OWED STATUS AT TIME	OF DEATH SU	RVIVING SPOUSE/CIVIL	UNION PARTNER'S MAID	EN NAME EVER IN U.S FORCES?	
RESIDENCE 11358 S NASHVILLE		APT N	WOF	121 A 124 A 124		INSIDE CITY LI	717
COOK IL	G	ATHERICO PARENT'S NAME PRI CARL H. HANSON	OR TO FIRST MARRIAGE/CI		ER/CO-PARENTS NAME P RTHA BLOOM	RIOR TO FIRST MARRIAGE/0	IVIE UNION
INFORMANTS NAME. KIM GEISSLER		RELATIONSHIP DAUGHTER		ILING ADDRESS 1358 S NASHV	ILLE, WORTH, IL	60482	
METHOD OF DISPOSITION CREMATION		OF DISPOSITION ST CREMATORY	14 W W 15 15 15 15 15 15 15 15 15 15 15 15 15	CATION : CITY OR T OMEOVILLE, IL	43.4 FA.4.4 T	DATE OF DISPOSITION OCTOBER 24, 20	
FUNERAL HOME SCHMAEDEKE FUNERA	AL HOME, 10701, S	SCUTH HARLEM AVE	, WORTH, IL, 604	82			
FUNERAL DIRECTOR'S NAME THOMAS M MINTLE				5 1 15 6 6 1	ERAL DIRECTOR'S ILL 34015231	INOIS LICENSE NUMBER	२ डिल् - डिल
LOCAL REGISTRAR'S NAME DAVID ORR					EFILED WITH LOCAL I CTOBER 24, 201	and the second s	
CAUSE OF DEATH PART	i. ACUTE LEUKEM a	iA S			VITE WEER	SATI-	
(Final disease or condition resulting in death)	b. DIABETES MELL		as a compounter of)	Acceptance of	SOXIIMA	AND DE	
		Due to (or	as a consequence of):		APPI	ONSET	
	c PANCYTOPENIA						
		Due to (or	as a consequence of)				
PART II. Enter other significant co	nditions contributing to	death but not resulting in th	e underlying cause given	in PART I	WAS AN AUTO	PSY PERFORMED? NO)
					COMPLETE CA	SY FINDINGS USED TO LUSE OF DEATH? N/A	
FEMALE PREGNANCY STATUS NOT APPLICABLE					14 VNER OF D	EATH	
DATE OF INJURY	Til		PLACE OF INJURY			INJURY AT	WORK?
LOCATION OF INJURY							
DESCRIBE HOW INJURY OCCURF						ANSPC PTATION INJURY	
ATTEND THE DECEASED? YES	DATE LAST SEEN ALIV	GAA 2500 FAAC 0.344 0.34	XAMINER OR	DATE PRONO	UNCED	TIME OF DEA 06.19 PN	
12434 1555 - 124344 - 1754 1451 1		 Set Set Settle Transaction Set Settlement Set 		むとし ないさぎか 一で質	San and San Edition	Section of the Control of the Contro	4.0



CERTIFIER PHYSICIAN

DR MARY KANASHIRO, ILLINOIS

NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH

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





D00107948

DATE CERTIFIED
OCTOBER 23, 2017.

036088831

PHYSICIAN'S LICENSE NUMBER