

# UNOFFICIAL COPY

**NOTICE OF DEATH AFFIDAVIT AND  
ACCEPTANCE OF TRANSFER ON DEATH  
INSTRUMENT**  
Statutory (Illinois)



Prepared by and Return to:

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Doc# 1907434026 Fee \$44.25

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 03/15/2019 10:51 AM PG: 1 OF 3

==== FOR RECORDER'S USE ONLY ====

Send subsequent tax bill to: Gregory W. Helton, 8945 Menard, Morton Grove, Illinois 60053

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

Toni A. Helton died on February 15, 2019 as a resident of Cook County, Illinois, owning residential real estate legally described below:

**THE NORTH 44.50 FEET OF LOT 34 IN BLOCK 3 IN STREAMWOOD GREEN UNIT FIVE, BEING A SUBDIVISION OF PART OF THE EAST ½ OF THE NORTHWEST ¼ OF SECTION 24, TOWNSHIP 41 NORTH, RANGE 9, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.**

The street address of the residential real estate is 312 Whitewood Drive, Streamwood, Illinois 60107 and the property identification number is: 06-24-112-097

The Transfer on Death Instrument is dated November 25, 2015 and recorded as Document No. 1606939043 in the Office of the Recorder for Cook County, Illinois.

The undersigned, whose names and addresses appear below, are the sole beneficiaries entitled to receive under the Transfer on Death Instrument as tenants in common:


Gregory W. Helton, 8945 Menard, Morton Grove, Illinois 60053

Timothy J. Helton, 233 Wianno Lane, Schaumburg, Illinois 60194

SY2  
P 2  
S 10  
M Y 8  
SCY 8  
E 10  
INT 15  
D March 13 2019

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In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this 22<sup>nd</sup> day of February 2019.

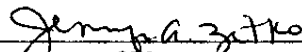
  
\_\_\_\_\_  
GREGORY W. HELTON

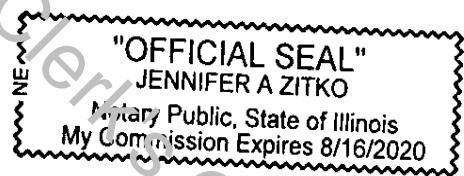
  
\_\_\_\_\_  
TIMOTHY J. HELTON

STATE OF ILLINOIS )  
                                  ) SS  
COUNTY OF KANE     )

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT GREGORY W. HELTON and TIMOTHY J. HELTON, personally known to me to be the same persons whose 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 22<sup>nd</sup> of February 2019

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



My commission expires: 8/16/2020

**CERTIFICATION OF DEATH RECORD**  
UNOFFICIAL COPY

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

STATE FILE NUMBER 2019 0013677

DATE ISSUED 2/20/2019

DECEDENT'S LEGAL NAME TONI ANN HELTON			SEX FEMALE	DATE OF DEATH FEBRUARY 15, 2019	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 81 YEARS		DATE OF BIRTH MAY 27, 1937	
CITY OR TOWN HOFFMAN ESTATES			HOSPITAL OR OTHER INSTITUTION NAME SAINT ALEXIUS MEDICAL CENTER		
PLACE OF DEATH INPATIENT					
BIRTHPLACE YOUNGSTOWN, OH		SOCIAL SECURITY NUMBER [REDACTED]		STATUS AT TIME OF DEATH WIDOWED	
RESIDENCE 312 WHITEWOOD DR			APT. NO.	CITY OR TOWN STREAMWOOD	
INSIDE CITY LIMITS? YES		EVER IN U.S. ARMED FORCES? NO			
COUNTY COOK	STATE IL	ZIP CODE 60107	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION IRVING WOLLTER SR		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MARGARET FINN
INFORMANT'S NAME GREGORY HELTON		RELATIONSHIP SON		MAILING ADDRESS 8945 MENARD AVE, MORTON GROVE, IL, 60053	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION COUNTRYSIDE CREMATORY		LOCATION - CITY OR TOWN AND STATE BARTLETT, IL	DATE OF DISPOSITION FEBRUARY 19, 2019
FUNERAL HOME COUNTRYSIDE FUNERAL HOME - STWD, 640 GREENMEADOWS BLVD, STREAMWOOD, IL, 60107					
FUNERAL DIRECTOR'S NAME JOHN J LEADROOT JR				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014622	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR FEBRUARY 19, 2019	
<b>CAUSE OF DEATH</b> PART I: ISCHEMIC BOWEL 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? YES		DATE PRONOUNCED	TIME OF DEATH 02:33 AM
CERTIFIER PHYSICIAN				DATE CERTIFIED FEBRUARY 19, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ROBERT SMALL MD, 1555 BARRINGTON RD, STE 230 BLDG 1, HOFFMAN ESTATES, ILLINOIS, 60169				PHYSICIAN'S LICENSE NUMBER 036-071724	

0872488



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.

Karen A. Yarbrough  
 Cook County Clerk



**ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE**

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOT EMBOSSED STATE AND COUNTY SEALS AT BOTTOM