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Doc# 1908847039 Fee \$46.25

RHSP FEE: \$9.00 RPRF FEE: \$1.00  
EDWARD M. MOODY  
COOK COUNTY RECORDER OF DEEDS  
DATE: 03/29/2019 03:44 PM PG: 1 OF 4

DOCUMENT PREPARED BY:

ARTHUR L. BENNETT JR.

7330 S. MARYLAND AVE.

CHICAGO, IL 60619

MAIL SUBSEQUENT TAX BILLS TO:

ARTHUR L. BENNETT JR.

7330 S. MARYLAND AVE.

CHICAGO, IL 60619

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 27/15, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, ARTHUR L. BENNETT died on 2/10/19 as a resident of COOK County, Illinois, as owner of the Property Identification Number:

29 - 25 - 108 - 022 - 0000

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

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And Common Address Of:

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And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 3/4/2016 as Document Number: 1606447004 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:
ARTHUR L. BENNETT JR.	7330 S. MARYLAND, CHGO, IL 60619	100%

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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 29 (day) of MARCH (month), 2019 (year).

Beneficiary Name & Signature Section:

ARTHUR L. BENNETT JR.  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

Arthur L. Bennett Jr.  
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

ARTHUR L. BENNETT JR.

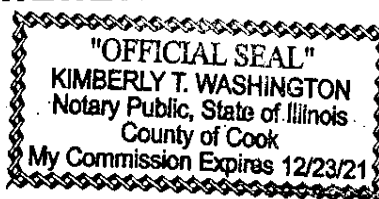
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 29 (day) of March (month), 2019 (year).

Kimberly T. Washington  
Signature of Notary Above

Kimberly T. Washington  
Print Name of Notary Above



This FORM is  
Compliments of:



**KAREN A. YARBROUGH**

CEDRIC GILES  
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

# UNOFFICIAL COPY

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Mail Suite 2108  
One First National Plaza  
Chicago, Illinois 60670  
Telephone: (312)732-4000

LOAN # 0000650731  
17100 S. JEFFREY  
SOUTH HOLLAND, IL 60473

Property of Cook County Clerk's Office

### LEGAL DESCRIPTION RIDER

LOT 68 IN SAID HUGUELET'S 2TH ADDITION TO SOUTH HOLLAND, BEING A SUBDIVISION OF PART OF THE NORTH 1/2 OF THE NORTHWEST 1/4 OF SECTION 25, LYING EAST OF THE THREAD LINE OF THORN CREEK, ALL IN TOWNSHIP 36 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO PLAT THEREOF REGISTERED IN THE OFFICE OF THE REGISTRAR OF TITLES OF COOK COUNTY, ILLINOIS., ON MARCH 3, 1975 AS DOCUMENT NUMBER 2,796,895

REAL ESTATE TAX I.D. # : 29-25-108-014

*Also known as: 29-25-108-022*

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**COOK COUNTY CLERK VITAL RECORDS**

**CHICAGO, ILLINOIS**

**MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER 2019 0012759

DATE ISSUED 2/15/2019

DECEDENT'S LEGAL NAME <b>ARTHUR L BENNETT</b>			SEX <b>MALE</b>	DATE OF DEATH <b>FEBRUARY 10, 2019</b>	
COUNTY OF DEATH <b>COOK</b>		AGE AT LAST BIRTHDAY <b>79 YEARS</b>		DATE OF BIRTH <b>FEBRUARY 12, 1939</b>	
CITY OR TOWN <b>HAZEL CREST</b>			HOSPITAL OR OTHER INSTITUTION NAME <b>17400 S KEDZIE #309</b>		
PLACE OF DEATH <b>DECEDENT'S HOME</b>					
BIRTHPLACE <b>MARION, AL</b>		SOCIAL SECURITY NUMBER <b>419-46-3532</b>	STATUS AT TIME OF DEATH <b>WIDOWED</b>		EVER IN U.S. ARMED FORCES? <b>YES</b>
RESIDENCE <b>17400 S KEDZIE</b>			APT. NO. <b>309</b>	CITY OR TOWN <b>HAZEL CREST</b>	
INSIDE CITY LIMITS? <b>YES</b>					
COUNTY <b>COOK</b>	STATE <b>IL</b>	ZIP CODE <b>60429</b>	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>ARTHUR BENNETT</b>		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION <b>ELIZABETH SPENCER</b>
INFORMANT'S NAME <b>ARTHUR L BENNETT JR</b>		RELATIONSHIP <b>SON</b>		MAILING ADDRESS <b>7330 S MARYLAND AVE CHICAGO IL 60619</b>	
METHOD OF DISPOSITION <b>BURIAL</b>		PLACE OF DISPOSITION <b>OAKLAND MEMORY LANES</b>		LOCATION - CITY OR TOWN AND STATE <b>DOLTON IL</b>	DATE OF DISPOSITION <b>FEBRUARY 16, 2019</b>
FUNERAL HOME <b>GATLING'S CHAPEL INC. 10133 S HALSTED ST CHICAGO, IL 60628</b>					
FUNERAL DIRECTOR'S NAME <b>SHIRLEY GATLING</b>				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER <b>034015261</b>	
LOCAL REGISTRAR'S NAME <b>KAREN A YARBROUGH</b>				DATE FILED WITH LOCAL REGISTRAR <b>FEBRUARY 15, 2019</b>	
CAUSE OF DEATH PART I: <b>MALIGNANT NEOPLASM OF PROSTATE</b>					
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a		UNKNOWN	
		b. <b>WITH BONE METASTASIS</b>		UNKNOWN	
		c			
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
<small>Due to (or as a consequence of)</small>					
PART II: Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I				WAS AN AUTOPSY PERFORMED? <b>NO</b>	
				WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? <b>N/A</b>	
FEMALE PREGNANCY STATUS <b>NOT APPLICABLE</b>				MANNER OF DEATH <b>NATURAL</b>	
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? <b>YES</b>	DATE LAST SEEN ALIVE <b>FEBRUARY 09, 2019</b>	WAS MEDICAL EXAMINER OR CORONER CONTACTED? <b>NO</b>		DATE PRONOUNCED	TIME OF DEATH <b>04:45 AM</b>
CERTIFIER <b>PHYSICIAN</b>				DATE CERTIFIED <b>FEBRUARY 14, 2019</b>	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>DR HAMPTON, 8525 W 183RD STREET TINLEY PARK, ILLINOIS 60477</b>				PHYSICIAN'S LICENSE NUMBER <b>036096408</b>	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

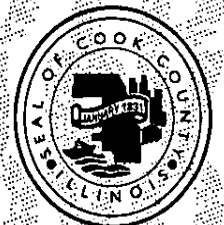
0854911



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*

Karen A. Yarbrough  
Cook County Clerk



THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM