DOCUMENT PREPARED	NOEFICIA	L COPY	
Yvette DAVIS	· .		
7815 S. Peo 44	A	Doc# 19211461	52 Fee \$88.00
01 +7 1		RHSP FEE:\$9.00 RPR	F FEE: \$1.00
Chicago , LL 60 MAIL SUBSEQUENT TAX BIL	16 20 18 10	EDWARD H. MOODY	
Viette DAVIS	:	COOK COUNTY RECORD DATE: 07/30/2019 0	ER OF DEEDS 2:48 PM PG: 1 OF 3
7815 S. Peau.	A	•	· · · · · · · · · · · · · · · · · · ·
ChicAgo IL 1	60620		
		SY FORM, AND <u>IS NOT</u> LEGAL AD	
NOTICE OF DEATH AFFIDAVI	T & ACCEPTANCE OF TRA	NSFÉR ON DEATH INSTRUM	ENT (TODI) DEED
Pursuant to §755 ILCS 277.5. Sec	c. 75. Notice of death affidavit, t	he undersigned beneficiary/benef	ciaries, having been
duly sworn and under oath, do sta	are the following: That, Willie	James Gant died on Hp	il 26 2019
as a resident of	A.	nois, as owner of the Property Ide	1
20-18	3-309-6	554-000	00
With the L	Legal Description Of (attach ex	hibit if more room is needed):	
	4	d Lotaa Lexcept H	e South 5 Feet
		my 63ed And Robay	
			′ 1
		et PARTITION OF Nocks IA	= 1
of the South 1/2 OF 1	the Douthwest 14 & Se	ounty 12- Lindis	KAngery, Eret of
		_/./	
6152	, S. Oamen	Ave Chicago, IL	LINOIS 60636
And Furthermore, the aforemention			
7-6-d018 as Docum	ment Number: 18/8 1080	$oscite{g}$ naming the following ber	eficiary/beneficiaries
as the successive owner(s) of	f the property referenced above	with the stated percentage/share	of said property:
NAME:	ADDRE	THE RESIDENCE OF THE PROPERTY	SHARE:
Yvette DAVIS	1815 S. PEDMA	Chicago IL 60620	100%
	1		
	KADENIA	YARBROUGH	
This FORM is	CEDRIC GILES COC	Y COUNTY DECORDER (	Page 1

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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 ber	neficiaries hereb	y accept the tra	nsfer of residential rea	l estate under the	e Transfer
on Death Instrument, this 30	(day) of _	<u>Ju/y</u>	(month),	2019	(year).
Vette DAVIS	Beneficiary Na	me & Signature	e Section:		
Print Beneficiary Name Abo	ove		Print Beneficiary Nan	ne Above	•
Benoficiary Signature Abo	ve		Beneficiary Signatur	re Above	_
60					
Print Beneficiary Name Abo	ove		Print Beneficiary Nar	ne Above	
Bepeficiary Signature ALo	Var		Beneficiary Signatur	e Apove	<del>_</del>
Print Beneficiary Name Abo	ove O		Print Beneficiary Nan	ne Above	<del></del>
		C	0	Atana	
Beneficiary Signature Abo		40	Beneficiary Signatur	e Adove	
STATE OF ILLINOIS	Notary	Public Section			
COUNTY OF COOK	3		Clark		··
I, the undersigned, a Notary Public in	and for the State	aforesaid, DO HI	EREBY CERTIFY THAT		
List the Name(s) of Al	L Beneficiary(ies)	) who appeared p	personally before you ABO	OVE	_
personally known to me to be the same instrument, appeared before me this of	, ,				
Signed and sworn to before me this _	<u>30</u> (day	) of <u>Ju/</u> )	(month),	/ <u>{</u> (year).	,
Signature of Notary Above			OFFICIAL SEAL	••••••••••••••••••••••••••••••••••••••	
PAULA NESHAI Print Name of Notary Above	<u>D</u>		PAULA NESTAD OTARY PUBLIC - STATE OF IL MY COMMISSION EXPIRES:07		
This FORM is	KΔRI	TN A T	ARBROIL	CH	D /

This FORM is Compliments of:



Page 2

## COOK COUNTY CLERK VITAL RECORDS CHICAGO, ILLINOIS

	MEDICAL CERTIF	FICATE OF DEATH	
STATE FILE NUMBER 2019 0035880  DECEDENTS LEGAL NAME		SEX	DATE ISSUED 5/6/2019  DATE OF DEATH
WILLIE JAMES GANT JR		MALE	APRIL 26, 2019
COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH FEBRUARY 27, 19	14
CITY OR TOWN CHICAGO	<ol> <li>(4) (2) (2) (2) (2) (3) (3) (3) (3) (3) (3) (3) (3)</li> </ol>	ALOR OTHER INSTITUTION NAME S DAMEN AVE	
PLACE OF DEATH DECEDENT'S HOME			
BIRTHPLACE SHAW MS	STATUS AT TIME OF DEA WIDOWED	TH SURVIVING SPOUSE/CIVIL UNION PAI	RTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE	APT NO.	CITY OR TOWN	INSIDE CITY LIMITS?
1999年 - 1997年 - 1998年 - 1998年 - 1997年 - 1997年	CODE FATHER/CO:PARENTS NAME PRIOR TO FIR	de la desta de la contraction	YES ENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION
INFORMANTS NAME	636 WILLIE JAMES GANT SR	MAILING ADDRESS	OWN STATE OF THE S
VALERIE GANT-BRINKER	DAUGHTER:	15240 WINCHESTER, H	
METHOD OF DISPOSITION  CREMATION	1HF LAKES CREMATORY	LOCATION - CITY OR TOWN AN	MAY 02, 2019
FUNERAL HOME UNITY FUNERAL PARLORS IN	C, 4114 S. M.Chican AVENUE, CHICA	AGO, IL 60653	
EUNERAL DIRECTOR'S NAME BRENDA'L THACKER		FUNERAL DIR 03401469	ECTOR'S ILLINOIS LICENSE NUMBER
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED W MAY 6, 2	019
CAUSE OF DEATH PART I PAN	CREATIC CANCER		ű p
IMMEDIATE CAUSE  (Final disease or condition	Due to (tir as a co	7(i+^-0f)	XIMATE BETWEE D DEATH
resulting in death) b			S A A S
	Due to for as a conse	quence of):	APPINITERV ONSET
PART II. Enter other significant conditions of	Due to (or as a conse contributing to death but not resulting in the underly		AS AN AUTOPSY PERFORMED? NO
			ERE AUTOPSY FINDINGS USED TO MPLETE GAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS NOT APPLICABLE			INER OF DEATH
DATE OF INJURY	TIME OF INJURY PLACE C	DE INJURY:	INJURYAT WORK?
LOCATION OF INJURY			
DESCRIBE HOW INJURY OCCURRED			IF TRANSPORT FION INJURY SPECIFY
Procedure 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1 (1994) 1	ST SEEN ACIVE WAS MEDICAL EXAMINER L 01 2019 CORONER CONTACTED	el lettele elette lande liker elette hebt	TIME OF DEATH 03:34 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY:01, 2019
NAME: ADDRESS AND ZIP CODE OF PERS	ON COMPLETING CAUSE OF DEATH		PHYSICIAN'S LICENSE NUMBER



DR PREM RUBANI, 6224 S ASHLAND AVE, CHICAGO, ILLINOIS, 60636

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



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