



1928447135

Doc# 1928447135 Fee \$93.00

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

EDWARD M. MOODY

COOK COUNTY RECORDER OF DEEDS

DATE: 10/11/2019 02:26 PM PG: 1 OF 4

DOCUMENT PREPARED BY:

Carolyn Y. Catlin
11637 S. Maplewood Ave
Chgo, IL 60655-1523

MAIL SUBSEQUENT TAX BILLS TO:

Carolyn Y. Catlin
11637 S. Maplewood Ave
Chicago, IL 60655-1523

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, Beverly G. Turner died on July 20th 2019 as a resident of Cook County, Illinois, as owner of the Property Identification Number:

21 - 30 - 412 - 052 - 0000

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

Attached

And Common Address Of:

7721 S. Coles Unit E, Chicago, IL 60649

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on June 12th 2019 as Document Number: 1916822162 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:
Carolyn Y. Catlin	11637 S. Maplewood Ave Chicago, IL 60655-1523	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 10th (day) of October (month), 2019 (year).

Beneficiary Name & Signature Section:

<u>Carolyn Y. Catlin</u> Print Beneficiary Name Above	_____
<u>Carolyn Y. Catlin</u> 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

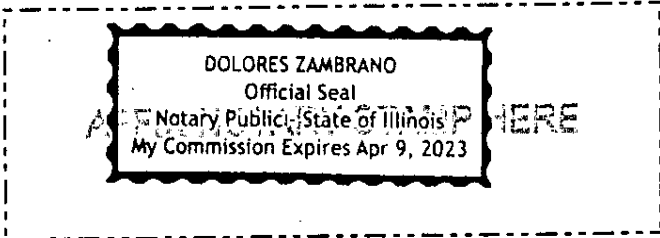
Carolyn Y. Catlin
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 10th (day) of October (month), 2019 (year).

Dolores Zambrano
(Signature of Notary Above)

Dolores Zambrano
Print Name of Notary Above



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TURNER 1

Legal Description as Attached to Beverly G. Turners Transfer on Death Instrument
of 2019.

Common Address of Property: 7721 S. Coles, Unit E, Chicago, IL 60649.

Legal Description of Property: PIN 21-30-412-052-0000

21	30	412	052	0000
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Parcel 1. The Easterly 19 Feet 3-1/2 Inches of the Westerly 111 Feet 9 Inches of the Northerly 50 Feet of Lot 89 in Division 1 in Westfalls Subdivision of the East 1/2 of the Southwest 1/4 and the Southeast Fractional 1/4 of Section 30, Township 38 North, Range 15, East of the 3rd Principal Meridian, In Cook County, Illinois.

Parcel 2. Easements for the Ingress and Egress for the benefit of parcel 1. As Contained in the Declaration Recorded as Document No. 18977217 and as Created by Deed Recorded as Document No. 25805827, All in Cook County, IL.

Cook County Clerk's Office

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VILLAGE OF EVERGREEN PARK
 EVERGREEN PARK, ILLINOIS
 MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0058607

DATE ISSUED 7/26/2019

DECEDENT'S LEGAL NAME BEVERLY GALE TURNER			SEX FEMALE	DATE OF DEATH JULY 20, 2019
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 61 YEARS	DATE OF BIRTH DECEMBER 02, 1957		
CITY OR TOWN EVERGREEN PARK		HOSPITAL OR OTHER INSTITUTION NAME AVANTARA EVERGREEN PARK		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 354-60-1648	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 7721 SOUTH COLES	APT. NO. UNIT E	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60649	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WALTER TURNER	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION BEVERLY HARDING
INFORMANT'S NAME BRITTNEY CIARA DAVIS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 7721 SOUTH COLES UNIT E, CHICAGO, IL, 60649	
METHOD OF DISPOSITION CREMATION	PLACE OF DISPOSITION HEIGHTS CREMATORY	LOCATION - CITY OR TOWN AND STATE CHICAGO HEIGHTS, IL	DATE OF DISPOSITION JULY 27, 2019	
FUNERAL HOME AFFORDABLE CREMATIONS LLC, 5350 WEST 93RD STREET OAK LAWN, IL, 60453				
FUNERAL DIRECTOR'S NAME MATTHEW F. BRYK			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016284	
LOCAL REGISTRAR'S NAME KELLY A. KUZLIK			DATE FILED WITH LOCAL REGISTRAR JULY 25, 2019	
CAUSE OF DEATH - PART I: MALIGNANT NEOPLASM OF BREAST				
IMMEDIATE CAUSE: (Final disease or condition resulting in death)				
Due to (or as a consequence of)				
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				
FEMALE PREGNANCY STATUS NOT PREGNANT WITHIN LAST YEAR			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DATE OF INJURY			TIME OF INJURY	PLACE OF INJURY
LOCATION OF INJURY			INJURY AT WORK?	
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 04:30 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 25, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH STEVEN SABATH MD, 2050 CLAIRE COURT, GLENVIEW, ILLINOIS, 60025			PHYSICIAN'S LICENSE NUMBER 036107734	

APPROXIMATE INTERVAL BETWEEN ONSET AND 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.

Kelly A. Kuzlik
 Kelly A. Kuzlik
 Local Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

VOID UPON LIGHT TO VERIFY TRUE WATERMARK