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Doc# 2102119050 Fee \$88.00

PREPARED BY AND RETURN TO:

George Sarikos, Attorney At Law 3310 S. Halsted St. Chicago, IL 60608 RHSP FEE:\$9.00 RPRF FEE: \$1.00

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 01/21/2021 01:30 PM PG: 1 OF 3

SEND SUBSEQUENT TAX BILL TO:

Leslie Baught, Jr. 1006 E. 194th St. Glenwood, IL 63429

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI)

Pursuant to §755 ILCS 27/75. Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly (worm and under oath, do state the following:

1. That LESLIE BAUGHN, SR. died on December 21, 2020, a resident of Cook County, Illinois, owning residential real estate legally described below:

LOT 521 IN BROOKWOOD POINT NO. 8, BEING A SUBDIVISION OF PART OF THE SOUTHWEST ¼ OF THE NORTHEAST ¼; PART OF THE SOUTHWAST ¼ OF THE NORTHWEST ¼ AND PART OF THE NORTHWEST ¼ OF THE SOUTHEAST ¼, ALL IN SECTION 11, TOWNSHIP 35 NORTH, RANGE 14 EAST OF THE THIRD FRINCIPAL MERIDIAN IN COOK COUNTY, ILLINOIS.

- 2. That the common address of the residential real estate is 1006 E. 194th St., Glenwood, IL 60429; and the property identification number is: 32-11-114-016-0000.
- 3. That the aforementioned owner (who is now deceased) caused a Transfer on Death Instrument (TODI) to be recorded on November 22, 2016 as Document Number 1632719107 in the Cook County Recorder of Deeds for Cook County, Illinois.

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4. That the aforementioned owner (who is now deceased) named the following beneficiary/beneficiaries, whose names and addresses appear below, as the successive owner(s) of the property referenced above with the stated share/percentage of said property, and/or are all beneficiaries entitled to receive under the Transfer on Death Instrument (TODI):

NAME:

LESLIE BAUGHN, JR.

ADDRESS:

1006 E. 194th ST., GLENWOOD, IL 60429

PERCENTAGE SHARE:

100%

In witness whereof, the undersigned beneficiary(ics) hereby accept(s) the transfer of residential real estate under the aforementioned Transfer on Death Instrument this / day of January. 2021.

LESLIE BAUGHN, JR.

Beneficiary Name

STATE OF ILLINOIS)

COUNTY OF COOK

Or Cook Colling Clark's I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT Leslie Baughn, Jr., personally known to me to be the same person(s) whose name(s) is/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 //day of January, 2021.

Notary Public

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

TATE FILE NUMBER 2020 012	23398					DATE	ISSUED 1	2/28/2020
DECEDENT'S LEGAL NAME LESLIE EMORY BAUGHN	ISR				SEX MALE	DATE OF DEATH DECEMBER	21 2020	
COUNTY OF DEATH		AGE AT LAST BIRT	HDAY		OF BIRTH NUARY 30, 194			
CITY OR TOWN CHICAGO			ere feller see	OR OTHER INSTITU	TION NAME OIS HOSPITAL			
PLACE OF DEATH INPATIENT								
LEXINGTON MS	SOCIAL SECURIT	Y NUMBER STATUS 80 DIVOR	AT TIME OF DEATH CED FROM MARRIA	요년 건강에 보고 있다.	SPOUSE/CIVIL UNION PA	ARTNER'S MAIDEN NAME	FORCES? YE	
RESIDENCE 1006 E 194TH STREET			APT. NO.	CITY OR TOWN		The second second	YES	T S ?
COUNTY STATE	ZIP CODE 30425	THEODORE R	NAME PRIOR TO FIRST		MAE COR	RENT'S NAME PRIOR TO FIR A BOYD	ST MARRIAGE/CIV	TL UNION
INFORMANTS NAME LESLIE E BAUGHN JR		RELATIONSH SON		the state of the	DORESS 194TH STREET	GLENWOOD, IL,	60425	
METHOD OF DISPOSITION CREMATION		OF DISPOSITION (EST: CREMAT)	DRY	50 Fig. 1950	V-CITY OR TOWN AN	DECEN	DISPOSITION: MBER 30, 202	20
FUNERAL HOME MASONS FUNERAL & CREMATION PLANN ER 3, 7,505 SOUTH HALSTED STREET, CHICAGO, IL, 60620								
FUNERAL DIRECTOR'S NAME REV DWAYNE R MASON			1분(2011년) 1번(11년)		FUNERAL DIF 0340158	RECTOR'S ILLINOIS LICI 129	ENSE NUMBER	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH						WITH LOCAL REGISTRA BER 28, 2020	IR.	
CAUSE OF DEATH PART I.	PANGREATIC	ADENOCARCINO	MA.			TE VEEN ATE		
(Final disease or condition resulting in death)	1.		Due to (or es a onseque	nce of)		SOXIMA AL BETY AND DE		
			Due to (or as a conseque	ince of		APPR NTERW ONSET		
PART II Enter other significant con-	ditions contribution		Due to (or as a conseque			VAS AN AUTOPSY PERF	OPMED2 NO	
CARDIAC ARREST					V	VERE AUTOPSY FINDIN	GS USED TO	
FEMALE PREGNANCY STATUS NOT APPLICABLE						ANNER OF DEATH		
DATE OF INJURY		TIME OF INJURY	PLACE OF				INJURY AT W	ORK?
LOCATION OF INJURY								
DESCRIBE HOW INJURY OCCURR	ED.					IF TRANSP & T	TION INJURY, S	PECIFY
	DATE LAST SEEN A	- Nation 1975 to the 1975	EDICAL EXAMINER (ER CONTACTED?	OR YES	ATE PRONOUNCED		TIME OF DEAT	
CERTIFIER PHYSICIAN						DATE CERTIFIE DECEMBI	ER 22, 2020	

125075083 1593988

PHYSICIAN'S LICENSE NUMBER



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

ARUN REDDY DO: 1740 W TAYLOR, CHICAGO, ILLINOIS, 60612

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.



