

DOCUMENT PREPARED BY



Doc# 2104022077 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/09/2021 04:17 PM PG: 1 OF 3

Veronica Randle

5244 Yale Ln

Matteson, IL 60443

MAIL SUBSEQUENT TAX BILLS TO:

Daniel Randle

5244 Yale Ln

Matteson, IL 60443

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 271/5, Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, do state the following: That, Essie L. Randle died on May 5, 2020

as a resident of Cook County, Illinois, as owner of the Property Identification Number:

25 - 09 - 317 - 030 - 0000

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

Lot 13 in Block 39 in East Washington Heights
a subdivision of South West 1/4 and West 1/2 of
North West 1/4 of Section 9, Township 37 North,
Range 14, East of the Third Principal Meridian, in Cook County,
ILLINOIS

And Common Address Of:

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on

12/29/2020 as Document Number: 2102149010 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:
Daniel Randle	5244 Yale Lane, Matteson	100%

UNOFFICIAL COPY

COOK COUNTY CLERK 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 Dec. (month), 2020 (year).

Beneficiary Name & Signature Section:

Daniel Randle
Print Beneficiary Name Above

[Signature]
Print Beneficiary Name Above

Daniel Randle
Beneficiary Signature Above

[Signature]
Beneficiary Signature Above

[Signature]
Print Beneficiary Name Above

[Signature]
Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

[Signature]
Beneficiary Signature Above

[Signature]
Print Beneficiary Name Above

[Signature]
Print Beneficiary Name Above

[Signature]
Beneficiary Signature Above

[Signature]
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

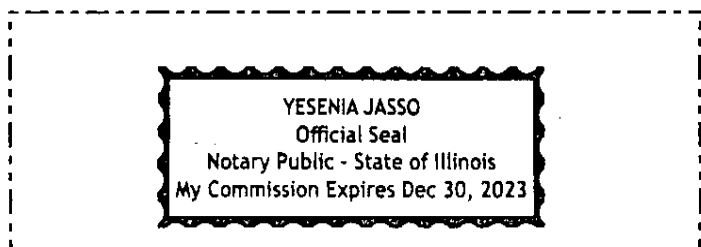
Daniel Randle
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 Dec. (month), 2020 (year).

[Signature]
Signature of Notary Above

Yesenia Jasso
Print Name of Notary Above



CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS
 CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2020 0042941 MEDICAL EXAMINER'S CASE NUMBER ME2020-04630 DATE ISSUED 5/12/2020

DECEASED'S LEGAL NAME ESSIE LEE RANDLE		SEX FEMALE	DATE OF DEATH MAY 05, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 89 YEARS	DATE OF BIRTH DECEMBER 24, 1930		
CITY OR TOWN OAK LAWN		HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE CHRIST MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE THORNTON, MS	SOCIAL SECURITY NUMBER 323-30-3052	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10130 S UNION AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60628	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VENGUAN DULANEY SR	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSIE WATSON
INFORMANT'S NAME MARY ANN ROBERSON		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10130 S UNION AVE, CHICAGO, IL, 60628	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION WASHINGTON MEMORY GARDENS	LOCATION - CITY OR TOWN AND STATE HOMEWOOD, IL	DATE OF DISPOSITION MAY 12, 2020	
FUNERAL HOME MCCULLOUGH FUNERAL AND CREMATION SERVICES, 851 EAST 75TH STREET, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME ADRIENNE L MCCULLOUGH			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014366	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR MAY 11, 2020	
CAUSE OF DEATH PART I: PNEUMONIA IMMEDIATE CAUSE (Final disease or condition resulting in death): a. _____ Due to (or as a consequence of): b. NOVEL CORONA (COVID-19) VIRUS INFECTION c. _____ 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: HYPERTENSION, HYPERLIPIDEMIA, RECENT CEREBROVASCULAR ACCIDENT			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED MAY 05, 2020	TIME OF DEATH 12:25 AM
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED MAY 06, 2020	
NAME ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 1376214	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM



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

