

# UNOFFICIAL COPY

<b>DOCUMENT PREPARED BY:</b>
M.I.G NATIONAL LLC
4245 W 95 ST
OAKLAWN IL 60453
<b>MAIL SUBSEQUENT TAX BILLS TO:</b>
BERRY W. TYLER
5383 OAKVIEWLANE
GURNEE IL 60031



Doc# 2108310033 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/24/2021 11:08 AM PG: 1 OF 3

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, EARNEST TYLER JR died on 01-18-2021

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

1 6 - 1 4 - 2 0 8 - 0 2 1 - 0 0 0 0

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

LOT 35 AND THE WEST 15 FEET OF LOT 36 IN BLOCK 5 IN THE CENTRAL PARK  
ADDITION TO CHICAGO BEING A SUBDIVISION OF PART OF THE WEST 1/2 OF THE  
NORTHEAST 1/4 OF SECTION 14, TOWNSHIP 39 NORTH, RANGE 13, EAST OF THE THIRD  
PRINCIPAL MERIDIAN, LYING NORTH OF BERRYPOINT, ROAD, IN COOK COUNTY, ILLINOIS

And Common Address Of:

3506 W JACKSON BLVD CHICAGO IL 60624

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 11/13/2017 as Document Number: 1731746298 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:
Anthony Tyler	3506 W. Jackson Blvd Chicago IL 60624	33.333333
Barry W. Tyler	5383 Oakview Lane Gurnee IL 60031	33.333333
Demetrius O. Lockett	497 Wood Dr Henderson TN 38340	33.333333

S  
P  
S  
M  
SC  
E  
1/3  
1  
1/3  
1/3

**KAREN A. YARBROUGH**

CEDRIC GILES  
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

This FORM is  
Compliments of:



# UNOFFICIAL COPY

## COOK COUNTY RECORDER OF DEEDS NOTICE OF DEATH/AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TOD) 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 29TH (day) of January (month), 2021 (year).

### Beneficiary Name & Signature Section:

Anthony Tyler

Print Beneficiary Name Above

Anthony Tyler  
Beneficiary Signature Above

Barry W. Tyler

Print Beneficiary Name Above

Barry W. Tyler  
Beneficiary Signature Above

Demetrius O. Lockett

Print Beneficiary Name Above

Demetrius Lockett  
Beneficiary Signature Above

Print Beneficiary Name Above

Beneficiary Signature Above

Print Beneficiary Name Above

Beneficiary Signature Above

Print Beneficiary Name Above

Beneficiary Signature Above

### Notary Public Section

STATE OF ILLINOIS

} SS

COUNTY OF COOK

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT

Anthony Tyler Barry W. Tyler Demetrius O. Lockett

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

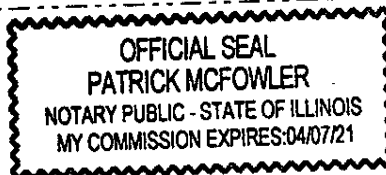
personally known to me to be the same person or persons whose name or names are subscribed to the foregoing instrument, appeared before me this day in person and swore on oath to the above foregoing affidavit.

Signed and sworn to before me this 29TH (day) of January (month), 2021 (year).

Patrick McFowler  
Signature of Notary Above

Patrick McFowler

Print Name of Notary Above



**KAREN A. YARBROUGH**

This FORM is  
Compliments of:



CEDRIC GILES  
CHIEF DEPUTY RECORDER

COOK COUNTY RECORDER OF DEEDS

# CERTIFICATION OF DEATH RECORD

## UNOFFICIAL COPY

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

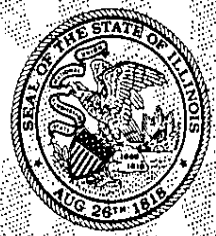
STATE FILE NUMBER: 2021 0008638

DATE ISSUED: 1/29/2021

DECEDENT'S LEGAL NAME EARNEST LEE TYLER JR.			SEX MALE	DATE OF DEATH JANUARY 18, 2021	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 75 YEARS	DATE OF BIRTH NOVEMBER 02, 1945			
CITY OR TOWN PARK RIDGE	HOSPITAL OR OTHER INSTITUTION NAME ADVOCATE LUTHERAN GENERAL HOSPITAL				
PLACE OF DEATH INPATIENT					
BIRTHPLACE BIRDSONG AR	SOCIAL SECURITY NUMBER 432-80-2109	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME GEORGIA BEECHAM	EVER IN U.S. ARMED FORCES? NO	
RESIDENCE 3506 WEST JACKSON BLVD.	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES		
COUNTY COOK	STATE IL	ZIP CODE 60624	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION EARNEST LEE TYLER SR.	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION OLLIE MARGERITE NEWSOM	
INFORMANT'S NAME BARRY TYLER	RELATIONSHIP SON	MAILING ADDRESS 5383 OAKVIEW LANE GURNEE IL 60031			
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION GILFIELD CEMETERY	LOCATION - CITY OR TOWN AND STATE BIRDSONG AR	DATE OF DISPOSITION FEBRUARY 05, 2021		
FUNERAL HOME FERGUSON FUNERAL SERVICE LLC, 5515 W. CHICAGO AVE, CHICAGO, IL 60651					
FUNERAL DIRECTOR'S NAME TYRONE P. DIXON			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016195		
LOCAL REGISTRAR'S NAME KAREN A. YARBROUGH			DATE FILED WITH LOCAL REGISTRAR JANUARY 28, 2021		
CAUSE OF DEATH - PART I		SEPTIC SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>		a. _____ <small>Due to (or as a consequence of)</small>			DAYS
		b. ACINETOBACTER PNEUMONIA <small>Due to (or as a consequence of)</small>			DAYS
		c. _____ <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 CHRONIC RESPIRATORY FAILURE ON VENTILATOR			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? YES	DATE LAST SEEN ALIVE JANUARY 18, 2021	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 10:12 AM	
CERTIFIER PHYSICIAN			DATE CERTIFIED JANUARY 18, 2021		
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH ELIZABETH KLEIN, 9201 WAUKEGAN ROAD, MORTON GROVE, ILLINOIS, 60053			PHYSICIAN'S LICENSE NUMBER 036062902		

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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

1647934