PREPARER'S NAME & INFORMATION OFFICIAL COP

THE LAW OFFICES OF MARIO A. REED 625 EAST 170TH STREET, UNIT 2 EAST SOUTH HOLLAND, ILLINOIS 60473



GRANTEE/MAIL SUBSEQUENT TAX BILL TO:

MS. ROXANNE GALLION

MR. RICKEY E. HARRIS

MS. ANGELA HARISTON

12523 SOUTH HARVARD AVENUE

CHICAGO, ILLINOIS 60628

Doc# 2108922016 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/30/2021 11:52 AM PG: 1 OF 4

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED

NOW COMES THE GRANTOR - THE ESTATE OF MS. WAULINE HARRIS

OF 12523 SOUTH HARVARD AVENUE

CHICAGO, ILLINOIS 60628 - LAKE TWP

PURSUANT TO §755 ILCS 27/75. Sec. 75. Notice of death affidavit, the UNDERSIGNED BENEFICIARIES & GRANTEES, having been duly sworn and under oath, do now state the following. That MS. WAULINE HARRIS, died on JANUARY 20TH, 2021, as a resident of COOK COUNTY (ILLINOIS and as the OWNER of the PROPERTY IDENTIFICATION NUMBER:

25-28-412-049-0000

AND THE **LEGAL DESCRIPTION OF:**

SEE ATTACHED LEGAL DESCRIPTION

AND THE **COMMON ADDRESS OF:**

12523 SOUTH HARVARD AVENUE, CHICAGO, ILLINOIS 60628

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED PAGE 1

2108922016 Page: 2 of 4

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED PAGE 2 CONT.

And furthermore, the aforementioned owner, MS. WAULINE HARRIS, who is now deceased, recorded a TRANSFER ON DEATH INSTRUMENT (TODI) on MAY 22ND, 2017 with the COOK COUNTY RECORDER OF DEEDS OFFICE as DOCUMENT NUMBERS: 1714219004 naming the following BENEFICIARIES/GRANTEES as the SUCCESSIVE OWNER of the property referenced above with the stated percentage and share of said property as TENANTS COMMON EACH OWNING A 33.3% INTEREST:

GRANTEES — MS. ROXANNE GALLION (A MARRIED WOMAN)

MR. RICKEY E. HARRIS (A SINGLE MAN)

MS. ANGELA HARISTON (A SINGLE WOMAN)

12523 S HARVARD AVE., CHI, IL 60628 – LAKE TWP

In witness whereof, the undersigned BENEFICIARIES/GRANTEES, MS. ROXANNE GALLION, MR. RICKEY E. HARRIS & MS. ANGELA HARISTON, do now HEREBY ACCEPT THE TRANSFER OF THE RESIDENTIAL REAL ESTATE UNDER THE TRANSFER ON DEATH INSTRUMENT, this TWENTY-NINTH day of MARCH in the year 2021.

GRANTEES/BENEFICIARIES SIGNATURE SECTION:

WE, MS. ROXANNE GALLION, MR. RICKEY I. HARRIS & MS. ANGELA HARISTON. claiming are respective ONE-THIRD interests in the property located at 12523 SOUTH HARVARD AVENUE, in CHICAGO, ILLINOIS 60628 do now hereby swear and affirm that WE have executed this NOTICE OF DEATH AFFIDAVIT & TRANSFER ON DEATH INSTRUMENT (TODI) DEED under OUR own free will and volition without any undue coercion, and do now also accept full responsibility for the aforementioned property, including but not limited to all PROPERTY TAXES and any and all other encumbrances associated with the property as of today 5 Jake, MONDAY, MARCH 29TH, 2021.

BENEFICIARY-MS. ROXANNE GALLION (33.3%)

BENEFÍCIARY MP. RICKEY E. HARRIS (33.3%)

The Education Esquire

ÞÉNEFÍCIARY – MS. ANGELA HARISTON (33.3%)

NOTARY PUBLIC SECTION

STATE OF ILLINOIS)

) SS

COUNTY OF COOK

I, ATTORNEY MARIO A. REED, a Notary Public in the State of Illinois while in the County of Cook, DO HEREBY CERTIFY THAT MS. ROXANNE GALLION, MR. RICKEY E. HARRIS & MS. ANGELA HARISTON, executed the foregoing document on MONDAY, MARCH 29TH, 2021, and were personally known to me to be the same people whose names are subscribed to the foregoing instrument, and did appear before me op this day and swore on oath to the above foregoing affidavit. NOTARY STAMP BELOW:

Notary Public - Mario A. Reed, Esq.

OFFICIAL SEAL
MARIO A REED
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:09/25/21

ATTACHED LEGAL DESCRIPTION

LOT THREE (3) IN BRANDT'S RESUBDIVISION OF PART OF THE WEST HALF (1/2) OF LOT FOURTEEN (14) IN ANDREWS SUBDIVISION OF THE EAST HALF (1/2) OF THE SOUTHWEST QUARTER (1/4) AND OF THE SOUTHEAST QUARTER (1/4) OF SECTION TWENTY-EIGHT (28), TOWNSHIP THIRTY-SEVEN (37) NORTH, RANGE FOURTEEN (14), EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED 8/8/1956 AS DOCUMENT 16663984, IN COOK COUNTY, ILLINOIS.

| CERTIFICATION OF DEATH SECOND

EXHIBIT

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH

STATE FILE NUMBER 2021 0008833 MEDICAL EXAMINER'S CASE NUMBER ME2021-01106	DATE ISSUED 1/29/2021
DECEDENT'S LEGAL NAME SEX WAULINE HARRIS FEMALE	DATE OF DEATH JANUARY 20, 2021
COUNTY OF DEATH DATE OF BIRTH AGE AT LAST BIRTHDAY DATE OF BIRTH AGE AT LAST BIRTHDAY MARCH 24, 1941	
CITY OR TOWN HOSPITAL OR OTHER INSTITUTION NAME HARVEY: INGALLS HOME HOSPICE	
PLACE OF DEATH HOSPICE FACILITY	
BIRTHPLACE SOCIAL SECURITY NUMBER STATUS AT TIME OF DEATH SURVIVING SPOUSE/CIVIL UNION PA	ARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? NO
RESIDENCE APT. NO. CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY STATE ZIP CODE: FATHERICO PARENTS NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MOTHERICO PARENTS NAME PRIOR TO FIRST NA	RENTS NAME PRIOR TO FIRST MARRIAGE/CLVIL UNION TA RICE
INFORMANT'S NAME RELATIONSHIP MAILING ADDRESS DAUGHTER 11961'S MILLIARD AVE	ALSIP, IL, 60803
METHOD OF DISPOSITION PLACE OF DISPOSITION LOCATION - CITY OR TOWN AN BURIAL DAILY WOODS CEMETERY CHICAGO, IL	ND STATE DATE OF DISPOSITION JANUARY 30, 2021
PUNERAL HOME GATLING'S CHAPEL INC, 10133 S HALSTED 51, CHICAGO, IL, 60628	
BRIDGETTE BROWN WRIGHT 0340149	RECTOR'S ILLINOIS LICENSE NUMBER 148
上海大学的 医三角形 化二角 化二角 化二角化 医二角性 医二角性 医二角性 医二角性 医二角性 医多种性病 经收益 医电子 医二角性	WITH LOCAL REGISTRAR RY: 28; 2021
CAUSE OF DEATH PART I PNEUMONIA IMMEDIATE CAUSE a. (Final disease or pondition Due to (or as a immediance of))	MATE ETWEEN DEATH
resulting in death): b. NÖVEL CORONA (NOVEL CORONA COVID-19 \ IRI S INFECTION) VIRUS INFECTION	APPROXII INTERVAL BI ONSET AND
Dúg to (or as a consequence tr) :	2 6
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.	WAS AN AUTOPSY PERFORMED? NO
HYPERTENSION, DIABETES MELLITUS, CONGESTIVE HEART FAILURE, CHRONIC OBSTRUCTIVE PULMONARY DISEASE W	WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A
FEMALE PREGNANCY STATUS	ANNER OF DEATH NATURAL
DATE OF INJURY PLACE OF INJURY	INJÜRY AT WÖRK?
LOCATION OF INJURY	
DESCRIBE HOW INJURY OCCURRED:	IF TRANSFOR, ATION INJURY, SPECIFY.
ATTEND THE DECEASED? DATE LAST SEEN ALIVE WAS MEDICAL EXAMINER OR DATE PRONDUNCED CORONER CONTACTED? JANUARY 20. 2	tande tana kanti basasa besas kantini
CERTIFIER MEDICAL EXAMINER/CORONER	DATE CERTIFIED JANUARY 23, 2021:
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



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.



