

UNOFFICIAL COPY

TRANSFER ON DEATH INSTRUMENT



Doc# 2114846033 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 05/28/2021 02:43 PM PG: 1 OF 3

OWNER'S NAME AND ADDRESS
AND SEND TAXES TO:

Lillian Micheaux
4614 South Lawler
Chicago, Illinois 60638

BENEFICIARY'S NAME AND ADDRESS:

Gregory Bryant
4614 S. Lawler
Chicago, Illinois 60638

THIS TRANSFER ON DEATH INSTRUMENT made this 16th day of April, 2021, by Lillian Micheaux, a widower not since remarried and not a party to a civil union, of Chicago, Illinois, County of Cook and State of Illinois (hereafter referred to as "Owner") being the sole Owner of the following legally described residential real estate located in Cook County, Illinois:

LOT 4 IN BLOCK 26 IN FREDERICK H. BARTLETT'S CENTRAL CHICAGO BEING A SUBDIVISION OF THE SOUTH EAST ¼ OF SECTION 4 AND THE NORTH EAST ¼ OF THE SOUTH EAST ¼ OF SECTION 9, TOWNSHIP 38 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

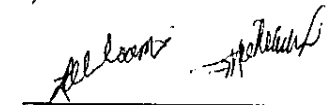
Commonly known as: 4614 South Lawler, Chicago, Illinois 60638

P.I.N. No.: 19-04-426-018-0000

The Owner, being of competent mind and capacity, and waiving and releasing all rights under the homestead exemption laws of the State of Illinois, hereby conveys and transfers, effective on the death of the Owner, the above-described residential property, to her son, to wit:

GREGORY BRYANT, MY SON.

IN WITNESS WHEREOF, the said Owner has hereunto set her hand and seal the day and year first above written.




Lillian Micheaux


S Y
P 3
S 4-1
M _____
SC _____
E Y
INT R

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STATE OF ILLINOIS)
)ss
COUNTY OF WILL)

We, the undersigned witnesses, hereby certify the above Transfer of Death Instrument was on the date thereof signed and declared by the Owner as her Transfer on Death Instrument in our presence and that she, at her request and in her presence and in the presence of each other, have signed our names as witnesses thereto, believing to the best of our knowledge that the Owner was here at the time of signing of sound mind and memory, and under no undue influence.



Andrew Costa


Michele Morain

STATE OF ILLINOIS)
)ss
COUNTY OF Will)

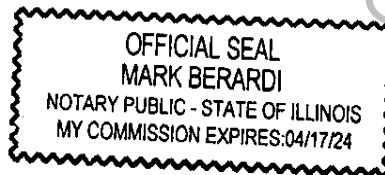
I, the undersigned, a Notary Public in and for the said County, in the State aforesaid, DO HEREBY CERTIFY THAT the Owner and witnesses personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that they signed, sealed and delivered the said instrument as their free and voluntary act, for the uses and purposes therein set forth.

GIVEN UNDER my hand and notarial seal this 16th day of April, 2021.



Notary Public

PREPARED BY:
Attorney Mark M. Berardi
Berardi and Associates, LLC
14919 Founders Crossing
Homer Glen, Illinois 60491



RECORD AND RETURN TO:
Lillian Micheaux
4614 South Lawler
Chicago, Illinois 60638

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**CHICAGO, ILLINOIS
MEDICAL CERTIFICATE OF DEATH**

STATE FILE NUMBER: 2010 0083770

DATE ISSUED 12/03/2010

DECEDENT'S LEGAL NAME RUBEN MICHEAUX		SEX MALE	DATE OF DEATH NOVEMBER 06, 2010	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 76 YEARS	DATE OF BIRTH JANUARY 05, 1934		
CITY OR TOWN BRIDGEVIEW	HOSPITAL OR OTHER INSTITUTION NAME BRIDGEVIEW HEALTH CARE CENTER			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE ATHENS, TX	SOCIAL SECURITY NUMBER 461-46-4017	MARITAL STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE'S NAME LILLIAN TOBIAS	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 4614 S. LAWLER	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60638	FATHER'S NAME OSCAR MICHEAUX	MOTHER'S NAME PRIOR TO FIRST MARRIAGE ELLER MAE LEE LAWLER
INFORMANT'S NAME LILLIAN MICHEAUX		RELATIONSHIP WIFE	MAILING ADDRESS 4614 S. LAWLER, CHICAGO, IL 60638	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION NOVEMBER 13, 2010	
FUNERAL HOME WALLACE BROADVIEW FUNERAL HOME, 2200 ROOSEVELT ROAD, BROADVIEW, IL, 60155				
FUNERAL DIRECTOR'S NAME VERNON L WALLACE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034009351		
LOCAL REGISTRAR'S NAME DAVID ORR		DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2010		
CAUSE OF DEATH PART I. MASSIVE CEREBROVASCULAR ACCIDENT				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a.	Due to (or as a consequence of):	YEARS
		b.	CORONARY ARTERY DISEASE	YEARS
		c.	ESSENTIAL HYPERTENSION	YEARS
			Due to (or as a consequence of):	
PART II: Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. HYPERLIPIDEMIA, PARKINSON'S DISEASE			WAS AN AUTOPSY PERFORMED? NO	
			WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A	
DID TOBACCO USE CONTRIBUTE TO DEATH?	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 OCTOBER 22, 2010	WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES	DATE PRONOUNCED	TIME OF DEATH 10:20 PM
CERTIFIER PHYSICIAN			DATE CERTIFIED NOVEMBER 19, 2010	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PITU PUNJABI, 6187 W. ARCHER STE 102, CHICAGO, ILLINOIS, 60638			PHYSICIAN'S LICENSE NUMBER 036053482	



This is to certify that this is a true and correct copy from the official death record filed with Illinois Department of Health.

David Orr
David Orr
Cook County Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE