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Doc#: 2128642102 Fee: \$98.00
Karen A. Yarbrough
Cook County Clerk
Date: 10/13/2021 01:36 PM Pg: 1 of 3

Commitment Number: 28359580

This instrument prepared by: Ross M. Rosenberg, Esq., Rosenberg LPA, Attorneys At Law,
9078 Union Centre Blvd., Suite 350, West Chester, Ohio 45069 (513) 247-9605.

AFFIDAVIT OF TRANSFER TO SURVIVOR/SURVIVORSHIP AFFIDAVIT

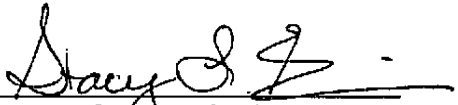
STATE OF Illinois
COUNTY OF Cook

Stacy L. Ennis ("Affiant"), being first duly cautioned and sworn, and having personal knowledge of the facts and being competent to testify as to these matters, deposes and says as follows:

1. P. Christopher Ennis, A/K/A Paul Christopher Ennis, formerly of Cook County, Illinois, died July 7, 2007 a legal resident of the State of Illinois.
2. A certified copy of the Death Certificate for Paul Christopher Ennis is attached to this Affidavit. *as an Exhibit on Page 3*
3. The decedent and this Affiant were the grantees in a certain deed recorded at 95594300, of the Deed Records of Cook County, Illinois (the "Deed"), with respect to the property legally described as follows: Lot 36 in Royal Oaks subdivision, Unit No.2, a Subdivision of part of the west 1/2 of the South 1/2 of the South west 1/4 of Section 9, Township 42 North, Range 9, Township 42 North, Range 12, East of the Third Principal Meridian, in Cook County, Illinois.

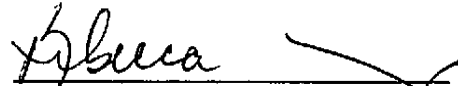
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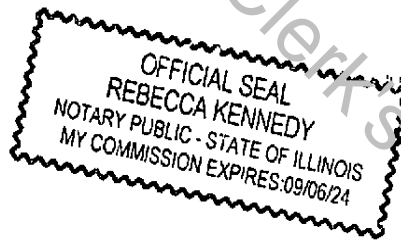
- 4. In the Deed, the grantees designated are P. Christopher Ennis and Stacy L. Ennis, as joint tenancy
- 5. The address of Affiant is 2701 Oak Ave., Northbrook, IL 60062.
- 6. Affiant gives this Affidavit for the purpose of transferring the title to the foregoing property to Affiant on the records of the Recorder's Office in Cook County, Illinois.


 Stacy L. Ennis

Sworn to before me and subscribed in my presence by Stacy L Ennis this

17th of June, 2021.


 Notary Public



Property of Cook County Clerk's Office

STATE OF ILLINOIS
County of Cook

UNOFFICIAL COPY

DAVID ORR, County Clerk

JUL 10 2007

I, David Orr, County Clerk of the County of Cook, in the State aforesaid, and Keeper of the Records and Files of said County do hereby certify that the attached is a true and correct copy of the original Record on file, all of which appears from the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Seal of the County of Cook, at my office in the city of Chicago, in said County.

COUNTY CLERK

DECEDENT'S BIRTH NO.		REGISTRATION DISTRICT NO. 16.0		STATE OF ILLINOIS				STATE FILE NUMBER			
		REGISTERED NUMBER		MEDICAL CERTIFICATE OF DEATH							
Type or Print in PERMANENT INK See Funeral Directors, Hospital, or Physicians Handbook for INSTRUCTIONS		DECEASED-NAME FIRST MIDDLE LAST		SEX		DATE OF DEATH (MONTH, DAY, YEAR)					
A		Paul Christopher Ennis		Male		July 7, 2007					
B		COUNTRY OF DEATH		AGE-LAST BIRTHDAY (M, D, Y)		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH (MONTH, DAY, YEAR)	
C		COOK		5a. 46		5b.		5c.		5d. September 27, 1960	
D		CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER		HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT WHETHER, GIVE STREET AND NUMBER)				IF HOOP, OR INST. INDICATE DOA OR FEWER RM. INPATIENT (SPECIFY)			
E		6a. Northbrook		6b. 2701 Oak Avenue				6c. Does Not Apply			
DECEASED		BIRTHPLACE (CITY, STATE OR FOREIGN COUNTRY)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE)				HAS DECEASED EVER IN "ARMED FORCES"? (YES/NO)	
B		7. Chicago, Illinois		8a. Married		8b. Stacy L. Heal				9. NO	
C		SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY		EDUCATION (SPECIFY ONLY HIGHEST GRADE COMPLETED)			
D		10. 347-52-1093		11a. Trader		11b. Finance		12. 4			
E		RESIDENCE (STREET AND NUMBER)		CITY, TOWN, TWP. OR ROAD DISTRICT NO.		INSIDE CITY (YES/NO)		COUNTY			
		13a. 2701 Oak Avenue		13b. Northbrook		13c. Yes		13d. Cook			
		STATE		ZIP CODE		RACE (NOTE: BLACK AMERICAN OR OTHER, SPECIFY)		OF HISPANIC ORIGIN? (SPECIFY NO OR YES; IF YES, SPECIFY: CUBAN, MEXICAN, PUERTO RICAN, ETC.)			
		13e. Illinois		13f. 60062		14a. White		14b. NO <input type="checkbox"/> YES SPECIFY:			
PARENTS		FATHER-NAME FIRST MIDDLE LAST		MOTHER-NAME FIRST MIDDLE (MAIDEN) LAST							
		15. John E. Ennis Jr.		16. Mariann Hoffman							
1		INFORMANT'S NAME (TYPE OR PRINT)		RELATIONSHIP		MAILING ADDRESS (STREET AND NO OR P.O., CITY OR TOWN, STATE, ZIP)					
2		17a. Stacy L. Ennis		17b. Wife		17c. 2701 Oak Avenue Northbrook, IL 60062					
3		PART I. IMMEDIATE CAUSE (Final disease or condition resulting in death)		Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. Do not enter the mode of death, such as shock, or heart failure. List only one cause on each line.							
CAUSE				(a) Sudden death due to atherosclerosis							
				(b) DUE TO, OR AS A CONSEQUENCE OF							
				(c) DUE TO, OR AS A CONSEQUENCE OF							
4		PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.		AUTOPSY (YES/NO)		IF FEMALE, WAS THERE A PREGNANCY IN PAST THREE MONTHS?					
5				18a. Yes		18b. NO					
N		DATE OF OPERATION, IF ANY		MAJOR FINDINGS OF OPERATION							
P											
CERTIFIER		I, (I DID NOT ATTEND THE DECEASED AND LAST SAW HIM HER ALIVE ON)		WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (YES/NO)		HOUR OF DEATH					
		21a. 7/4/07		21b. Yes		21c. 9:02 A.M.					
		TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		DATE SIGNED (MONTH, DAY, YEAR)							
		22a. SIGNATURE		22b. July 7, 2007							
		NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT)		ILLINOIS LICENSE NUMBER							
		22c. Thomas A. Mayer, M.D. 2151 Waukegan Road Bannockburn, IL 60015		22d. 036-069502							
		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.							
		23.									
DISPOSITION		BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY-NAME		LOCATION CITY OR TOWN STATE		DATE (MONTH, DAY, YEAR)			
		24a. Cremation		24b. Trisons Crematory		24c. Lombard, Illinois 60148		24d. July 10, 2007			
		FUNERAL HOME		NAME		STREET AND NUMBER OR P.O. CITY OR TOWN STATE ZIP					
		25a. Donnellan Family Funeral Services 10045 Skokie Blvd. Skokie, Illinois 60077-1026									
		FUNERAL DIRECTOR'S SIGNATURE		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER							
		25b. [Signature]		25c. 034-011866							
		LOCAL REGISTRAR'S SIGNATURE		DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR)							
		26a. [Signature]		26b. JUL 10 2007							

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