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2130910028

Doc# 2130910028 Fee \$93.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 11/05/2021 12:03 PM PG: 1 OF 4

DOCUMENT PREPARED BY:
 Kimberly M. Reid
 9031 S. Oglesby Ave.
 Chicago, Illinois 60617

MAIL SUBSEQUENT TAX BILLS TO:
 Kimberly M. Reid Kenneth P. Reid
 9031 S. Oglesby Ave.
 Chicago, Illinois 60617

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, Gloria J. Lockett died on August 5, 2021

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

2 5 - 0 1 - 1 2 3 - 0 3 8 - 0 0 0 0

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

Document is attached

And Common Address Of:

8952 S. Bennett Chicago, Illinois 60617

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 06/22/2017 as Document Number: 1717313004 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:
Kimberly M Reid	9031 S. Oglesby Chicago, Illinois 60617	50%
Kenneth P. Reid	809 Rye Moon Cove Cibolo, Texas 78108	50%
		S Y
		P 4
		S Y-1
		SC
		INTEK

This form is compliments of:

KAREN A. YARBROUGH

COOK COUNTY CLERK

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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 26 (day) of October (month), 2021 (year).

Beneficiary Name & Signature Section:

Kimberly M. Reid

Print Beneficiary Name Above

[Handwritten Signature]
Beneficiary Signature Above

Kenneth P. Reid

Print Beneficiary Name Above

[Handwritten Signature]
Beneficiary Signature Above

Print Beneficiary Name Above

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

COUNTY OF Cook } SS

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

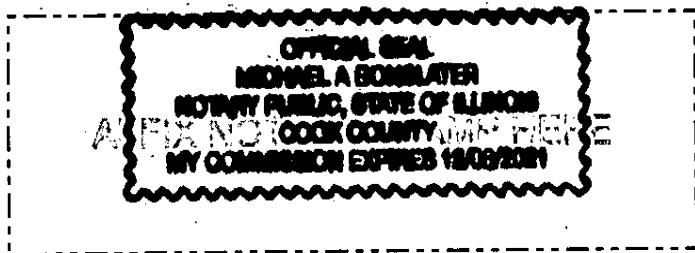
kimberly M Reid kenneth P. Reid
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 26 (day) of October (month), 2021 (year).

[Handwritten Signature]
Signature of Notary Above

Michael A Bonclater
Print Name of Notary Above



This form is compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

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Property of Cook County Clerk's Office

92633285

9 2 6 3 3 2 8 5

Lot 38 in Claude W. Morris Addition to Jeffery Park, being a Subdivision of the North 10 acres of the south 15 acres of the East 1/2 of the West 1/2 of the East 1/2 of the Northwest 1/4 of Section 1, Township 37 North, Range 14, East of the Third Principal Meridian.

Permanent Index Number 25-01-123-038-0000

DEPT-01 RECORDINGS \$25.00
789999 TRAN 3523 08/26/92 14:28:00
#1103 # *92-633285
COOK COUNTY RECORDER

show ↑

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CERTIFICATION OF DEATH RECORD

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


STATE FILE NUMBER 2021 0077379

DATE ISSUED 10/1/2021

DECEDENT'S LEGAL NAME GLORIA JEAN REID-LOCKETT			SEX FEMALE	DATE OF DEATH AUGUST 05, 2021	
COUNTY OF DEATH COOK		AGE AT LAST BIRTHDAY 77 YEARS		DATE OF BIRTH SEPTEMBER 03, 1943	
CITY OR TOWN CHICAGO			HOSPITAL OR OTHER INSTITUTION NAME 8952 S BENNETT AVE		
PLACE OF DEATH DECEDENT'S HOME					
BIRTHPLACE CHICAGO, IL		SOCIAL SECURITY NUMBER 327-34-4101	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME EVER IN U.S. ARMED FORCES? YES
RESIDENCE 8952 S BENNETT AVE			APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60617	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ISAAC L BRAZZLE		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION WILLIE LEE JACKSON
INFORMANT'S NAME KIMBERLY REID		RELATIONSHIP DAUGHTER		MAILING ADDRESS 9031 S OGLESBY AVE, CHICAGO, IL, 60617	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION ABRAHAM LINCOLN NATIONAL CEMETERY		LOCATION: CITY OR TOWN AND STATE ELWOOD, IL	DATE OF DISPOSITION AUGUST 16, 2021
FUNERAL HOME LEAK AND SONS, 7838 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619					
FUNERAL DIRECTOR'S NAME SPENCER LEAK SR			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 031007489		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR SEPTEMBER 5, 2021		
CAUSE OF DEATH					
PART I. MALIGNANT NEOPLASM OF PANCREAS					
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a. _____ Due to (or as a consequence of)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b. _____ Due to (or as a consequence of)			
		c. _____ 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	
				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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO		DATE PRONOUNCED:	TIME OF DEATH 07:23 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED AUGUST 16, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH JIGAR JOSHI MD, 1320 S DAMEN AVE, CHICAGO, ILLINOIS, 60612				PHYSICIAN'S LICENSE NUMBER 0361367912260	



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

