



Doc# 2135457026 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 12/20/2021 03:44 PM PG: 1 OF 3

Prepared by and Return to:

Christine M McNamara
Attorney
2340 S. River Rd, Ste 311
Des Plaines, IL 60018

MAIL SUBSEQUENT TAXES TO:

Eileen Matthews
9132 S Constance Avenue
Chicago, IL 60617

RECORDER'S STAMP

Notice of Death Affidavit & Acceptance of Transfer on Death Instrument

Pursuant to § 755 ILCS 27/75, Sec. 75, Notice of death affidavit, the undersigned beneficiary, having duly sworn and under oath, do state the following: That Virginia Banks died on February 13, 2021 as a resident of Cook County, Illinois as owner of the following residential real estate located in Cook County, Illinois, legally described as:

The North 50 feet of the South 284.46 feet of the East Half of Block 13 (except the West 8 feet used for alley) in Stony Island Heights, a subdivision in the Southwest Quarter of Section 1, Township 37 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois.

Permanent Tax Identification No.: 25-01-304-022-0000
Address of Real Estate: 9132 S. Constance Avenue, Chicago, IL 60617

Furthermore, the aforementioned owner, (who is now deceased) recorded a Transfer on Death Instrument (TODI) on April 7, 2017 as document no. 1709749030 naming the following beneficiary as the successive owner of the property referenced above:

Her daughter, Eileen Matthews, of 9132 S. Constance Avenue, Chicago, IL 60617 100%

In witness whereof, the undersigned beneficiary hereby accepts the transfer of residential real estate under the Transfer on Death Instrument, this 6th of April, 2021

Eileen Matthews
Eileen Matthews (Beneficiary)

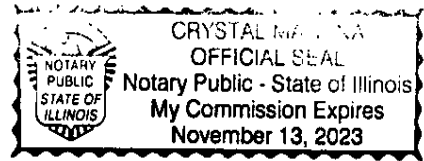
UNOFFICIAL COPY

State of Illinois)
)SS:
County of Cook)

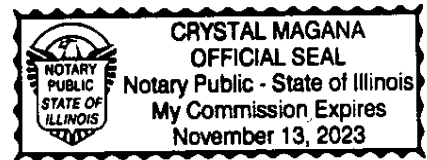
I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY that the beneficiary, Eileen Matthews, personally known to me to be the same person whose name is subscribed/provided identification establishing her identity on the foregoing instrument, appeared before me this day in person and swore under oath to the above foregoing affidavit.

Given under my hand and official seal this 6th day of April, 2021.

Crystal Magana
Notary Public



(Impress Seal Here)



Property of Cook County Clerk's Office

CERTIFICATION OF DEATH RECORD
UNOFFICIAL COPY

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

STATE FILE NUMBER 2021 0017090

DATE ISSUED 3/2/2021

DECEDENT'S LEGAL NAME VIRGINIA LEONA BANKS		SEX FEMALE	DATE OF DEATH FEBRUARY 13, 2021	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 96 YEARS	DATE OF BIRTH JUNE 29, 1924		
CITY OR TOWN SOUTH HOLLAND		HOSPITAL OR OTHER INSTITUTION NAME ARDEN COURTS @ MANORCARE-S HO		
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY				
BIRTHPLACE CHATTANOOGA, TN	SOCIAL SECURITY NUMBER 406-28-1514	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 9132 SOUTH CONSTANCE AVENUE		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 EARL SIMMONS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MYRTLE WILLIAMS
INFORMANT'S NAME EILEEN MATTHEWS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 9132 SOUTH CONSTANCE AVENUE, CHICAGO, IL 60617	
METHOD OF DISPOSITION DONATION	PLACE OF DISPOSITION SCIENCE CARE	LOCATION - CITY OR TOWN AND STATE ELK GROVE VILLAGE, IL	DATE OF DISPOSITION FEBRUARY 22, 2021	
FUNERAL HOME CARE MEMORIAL, 8230 S HARLEM AVE, BRIDGEVIEW, IL, 60455				
FUNERAL DIRECTOR'S NAME ROSEMARY HANN			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034017188	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR FEBRUARY 22, 2021	
CAUSE OF DEATH PART I: ALZHEIMERS				
IMMEDIATE CAUSE (Final disease or condition resulting in death)		a	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		b		
		c		
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 00:11 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED FEBRUARY 19, 2021	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR NATHANIEL HORN, 2045 E 170TH ST, SOUTH HOLLAND, ILLINOIS, 60473			PHYSICIAN'S LICENSE NUMBER 036069706	

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

1663612



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

