



2205522018

Doc# 2205522018 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 02/24/2022 10:02 AM PG: 1 OF 3

AFTER RECORDING, MAIL TO:
SATURN TITLE, LLC
1030 W. HIGGINS RD.
SUITE 365
PARK RIDGE, IL 60068

2131231

143

NOTICE OF DEATH AFFIDAVIT AND ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT

PREPARED BY AND RETURN TO:

Whitacre & Stefanczuk LTD
6841 W Belmont Ave.
Chicago IL 60634

SEND SUBSEQUENT TAX BILL TO:

The undersigned beneficiary or beneficiaries, being duly sworn on oath, state as follows:

That MILDRED TURNER died on 5/23, 2019, a resident of COOK County Illinois, owning residential real estate legally described below:

LOT 53 IN BLOCK 3 IN GRANDVIEW, A SUBDIVISION OF THE WEST HALF OF THE NORTHEAST QUARTER OF SECTION 32, TOWNSHIP 40 NORTH, RANGE 13 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

That the street address of the residential real estate is **2145 N. Mason Ave., Chicago, IL 60639** and the property identification number is **13-32-220-017-0000**.

That the Transfer on Death Instrument is dated April 4th, 2019, and recorded as Document No. **1909546013** in the Office of the Recorder for Cook County, Illinois.

That the undersigned whose names and addresses appear below are all beneficiaries entitled to receive under the Transfer on Death Instrument:

<u>Name</u>	<u>Address</u>	<u>Share</u>
DEBORAH LEWIS	2145 N Mason Ave CHICAGO IL 60639	50%
SEAN LEWIS	2145 N Mason Ave CHICAGO IL 60639	50%

UNOFFICIAL COPY

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the transfer on death instrument this _____ day of _____, 2022.

Deborah Lewis
DEBORAH LEWIS

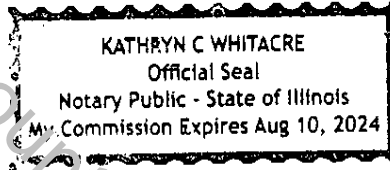
Sean Lewis
SEAN LEWIS

STATE OF ILLINOIS

COUNTY OF COOK

I, the undersigned, a Notary Public in and for the State aforesaid, DO HEREBY CERTIFY THAT DEBORAH LEWIS, and SEAN LEWIS 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 9th day of February, 2022.

My commission expires on 8/10/24
(SEAL)



KC Whitacre
Notary Public

Property of Cook County Clerk's Office

UNOFFICIAL COPY

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2019 0044707

DATE ISSUED 6/11/2019

DECEDENT'S LEGAL NAME MILDRED THERESA TURNER		SEX FEMALE	DATE OF DEATH MAY 23, 2019	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 65 YEARS	DATE OF BIRTH AUGUST 29, 1953		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME HORIZON HOSPICE AND PALLIATIVE CARE			
PLACE OF DEATH HOSPICE FACILITY				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER 02-4860572	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 2145 N MASON AVE	APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60639	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION JOHN LEWIS	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ANNIE B HEGLAR
INFORMANT'S NAME DEBORAH LEWIS	RELATIONSHIP DAUGHTER	MAILING ADDRESS 2145 N MASON AVE, CHICAGO, IL, 60639		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION MOUNT GLENWOOD MEMORY GARDENS SOUTH	LOCATION - CITY OR TOWN AND STATE GLENWOOD, IL	DATE OF DISPOSITION JUNE 08, 2019	
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 JUNE 5, 2019	
CAUSE OF DEATH PART I: GLIOBLASTOMA MULTIFORME				
IMMEDIATE CAUSE: (Final disease or condition resulting in death)		a	Due to (or as a consequence of):	
		b	Due to (or as a consequence of):	
		c	Due to (or as a consequence of):	
		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 PREGNANT WITHIN LAST YEAR			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 03:25 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MAY 30, 2019	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH NEHA KRAMER MD, 710 SOUTH PAULINA, CHICAGO, ILLINOIS, 60612			PHYSICIAN'S LICENSE NUMBER 036138094	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

1009770



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE