

UNOFFICIAL COPY

DOCUMENT PREPARED BY:

*Araeda L. Hamilton*

*8059 South Clyde ave.*

*Chicago, IL 60617-1114*

MAIL SUBSEQUENT TAX BILLS TO:

*Anthony P. Hamilton*

*8110 South Crandon ave.*

*Chicago, IL 60617-1126*



\*2211515047\*

Doc# 2211515047 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/25/2022 03:48 PM PG: 1 OF 4

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, FRANK J Hamilton 12-27-2017  
Josephine Hamilton died on 6-10-2021

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

20 - 36 - 221 - 020 - 0000

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

ALL of Lot 5 and the North 8 feet of Lot 6 in Block 1 in the Sub-division of the West 1/2 of the Southeast 1/4 of the Northeast 1/4 of Section 36, Township 38 North, Range 14, East of the Third Principal Meridian in Cook County, Illinois.

And Common Address Of:

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 10/04/2016 as Document Number: 1627829007 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:
<i>Anthony P. Hamilton</i>	<i>8110 South Crandon ave., Chicago, IL 60617-1126</i>	<i>100%</i>

This form is compliments of:

**KAREN A. YARBROUGH**

COOK COUNTY CLERK

# UNOFFICIAL COPY

## 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 25<sup>th</sup> (day) of April (month), 2022 (year).

### Beneficiary Name & Signature Section:

Anthony P. Hamilton  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

Anthony P. Hamilton  
Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Beneficiary Signature Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Print Beneficiary Name Above

\_\_\_\_\_  
Beneficiary Signature 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

Anthony P. Hamilton

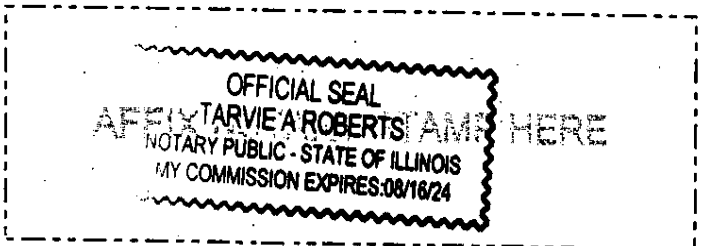
List the Name(s) of ALL Beneficiary(ies) who appeared personally before you ABOVE

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 25 (day) of April (month), 2022 (year).

Larue A. Roberts  
Signature of Notary Above

TARVIE A. ROBERTS  
Print Name of Notary Above



This form is compliments of:

**KAREN A. YARBROUGH**  
COOK COUNTY RECORDER OF DEEDS

# CERTIFICATE OF DEATH RECORD

## UNOFFICIAL COPY

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

STATE FILE NUMBER 2017 0104643

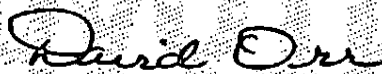
DATE ISSUED 1/9/2018

DECEDENT'S LEGAL NAME FRANK J HAMILTON SR			SEX MALE	DATE OF DEATH DECEMBER 27, 2017																			
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 94 YEARS	DATE OF BIRTH MARCH 17, 1923																					
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME NORTHWESTERN MEMORIAL HOSPITAL																					
PLACE OF DEATH INPATIENT																							
BIRTHPLACE MACON, GA	SOCIAL SECURITY NUMBER 353-22-1716	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME JOSEPHINE MORRIS	EVER IN U.S. ARMED FORCES? YES																			
RESIDENCE 8110 S CRANDON		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 FRANK HAMILTON	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSE LOTT																			
INFORMANT'S NAME FRANCETTA PERKINS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 8729 S. LAFLIN, CHICAGO, IL, 60620																				
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION, CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JANUARY 03, 2018																				
FUNERAL HOME CAGE MEMORIAL CHAPEL, 7651 S. JEFFERY BLVD, CHICAGO, IL, 60649																							
FUNERAL DIRECTOR'S NAME H AUGUSTUS CAGE			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034011055																				
LOCAL REGISTRAR'S NAME DAVID ORR			DATE FILED WITH LOCAL REGISTRAR JANUARY 2, 2018																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="4" style="width: 15%; vertical-align: top;"> <b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small> </td> <td style="width: 5%; text-align: center;">PART I</td> <td style="width: 60%;">HYPOXEMIC RESPIRATORY FAILURE</td> <td rowspan="4" style="width: 10%; text-align: center; background-color: black; color: white; vertical-align: middle;"> APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH </td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">a</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">b</td> <td>ASPIRATION PNEUMONIA</td> <td></td> </tr> <tr> <td style="text-align: center;">c</td> <td>NON-ST ELEVATION MYOCARDIAL INFARCTION</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: center;"><small>Due to (or as a consequence of)</small></td> </tr> </table>					<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	HYPOXEMIC RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		a			b	ASPIRATION PNEUMONIA		c	NON-ST ELEVATION MYOCARDIAL INFARCTION		<small>Due to (or as a consequence of)</small>				
<b>CAUSE OF DEATH</b> IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	PART I	HYPOXEMIC RESPIRATORY FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH																				
	a																						
	b	ASPIRATION PNEUMONIA																					
	c	NON-ST ELEVATION MYOCARDIAL INFARCTION																					
<small>Due to (or as a consequence of)</small>																							
PART II: Enter other <i>significant conditions contributing to death</i> 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? YES	DATE LAST SEEN ALIVE DECEMBER 27, 2017	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 02:52 AM																			
CERTIFIER PHYSICIAN			DATE CERTIFIED DECEMBER 27, 2017																				
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KEERTHI TAMRAGOURI, 251 E HURON STREET, CHICAGO, ILLINOIS, 60611			PHYSICIAN'S LICENSE NUMBER 036142907																				

0213856



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.

  
David Orr  
Cook County Clerk



**UNOFFICIAL COPY****GEORGIA DEATH CERTIFICATE**State File Number **2021GA000049981**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) <b>JOSEPHINE HAMILTON</b>		1a. IF FEMALE, ENTER LAST NAME AT BIRTH <b>MORRIS</b>		2. SEX <b>FEMALE</b>		2a. DATE OF DEATH (Mo., Day, Year) <b>ACTUAL DATE OF DEATH 06/10/2021</b>	
3. SOCIAL SECURITY NUMBER <b>351-20-2104</b>		4a. AGE (Years) <b>93</b>		4b. UNDER 1 YEAR Mos. Days Hours Mins.		4c. UNDER 1 DAY	
5. DATE OF BIRTH (Mo., Day, Year) <b>04/20/1928</b>		6. BIRTHPLACE <b>ILLINOIS</b>		7a. RESIDENCE - STATE <b>ILLINOIS</b>		7b. COUNTY <b>COOK</b>	
7c. CITY, TOWN <b>CHICAGO</b>		7d. STREET AND NUMBER <b>8110 S CRANDON AVENUE</b>		7e. ZIP CODE <b>60617</b>		7f. INSIDE CITY LIMITS? <b>YES</b>	
8. ARMED FORCES? <b>NO</b>		8a. USUAL OCCUPATION <b>HOUSEWIFE</b>		8b. KIND OF INDUSTRY OR BUSINESS <b>HOUSEWIFE</b>			
9. MARITAL STATUS <b>WIDOWED</b>		10. SPOUSE NAME <b>FRANK J HAMILTON SR.</b>		11. FATHER'S FULL NAME (First, Middle, Last) <b>HERMAN MORRIS</b>			
12. MOTHER'S MAIDEN NAME (First, Middle, Last) <b>ARMANDA RAMEY</b>		13a. INFORMANT'S NAME (First, Middle, Last) <b>ARNEDA HAMILTON</b>		13b. RELATIONSHIP TO DECEDENT <b>DAUGHTER</b>			
13c. MAILING ADDRESS <b>8059 S CLYDE AVENUE CHICAGO ILLINOIS 60617</b>		14. DECEDENT'S EDUCATION <b>HIGH SCHOOL GRADUATE OR GED COMPLETED</b>					
15. ORIGIN OF DECEDENT (Spanish/Hispanic/Latino) <b>NO, NOT SPANISH/HISPANIC/LATINO</b>		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) <b>BLACK OR AFRICAN-AMERICAN</b>					
17a. IF DEATH OCCURRED IN HOSPITAL <b>DEAD ON ARRIVAL</b>		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify)					
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) <b>SOUTH GEORGIA MEDICAL CENTER</b>		19. CITY, TOWN or LOCATION OF DEATH <b>VALDOSTA</b>		20. COUNTY OF DEATH <b>LOWNDES</b>			
21. METHOD OF DISPOSITION (specify) <b>BURIAL</b>		22. PLACE OF DISPOSITION <b>OAK RIDGE CEMETERY 4301 ROOSEVELT ROAD HILLSIDE ILLINOIS 60162</b>		23. DISPOSITION DATE (Mo., Day, Year) <b>06/22/2021</b>			
24a. EMBALMER'S NAME <b>JAMES GATLIN</b>		24b. EMBALMER LICENSE NO. <b>4565</b>		25. FUNERAL HOME NAME <b>GATLIN MORTUARY INC</b>			
25a. FUNERAL HOME ADDRESS <b>500 E ALDEN AVENUE VALDOSTA GEORGIA 31601</b>							
26a. SIGNATURE OF FUNERAL DIRECTOR <b>JAMES GATLIN</b>		26b. FUN. DIR. LICENSE NO. <b>4975</b>		AMENDMENTS			
27. DATE PRONOUNCED DEAD (Mo., Day, Year) <b>06/10/2021</b>		28. HOUR PRONOUNCED DEAD <b>12:51 PM</b>					
29a. PRONOUNCER'S NAME <b>AUSTIN J. FIVEASH</b>		29b. LICENSE NUMBER <b>9296641</b>		29c. DATE SIGNED <b>06/28/2021</b>			
30. TIME OF DEATH <b>12:51 PM</b>		31. WAS CASE REFERRED TO MEDICAL EXAMINER <b>YES</b>					
32. Part I. Enter the chain of events-diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		A. <b>COMPLICATIONS OF ABDOMINAL AORTIC ANEURISM</b> Due to, or as a consequence of				Approximate interval between onset and death <b>MONTHS</b>	
		B. <b>COMPLICATIONS OF HYPERTENSION</b> Due to, or as a consequence of				<b>YEARS</b>	
		C. Due to, or as a consequence of					
		D. Due to, or as a consequence of					
Part II. Enter significant conditions contributing to death but not related to cause given in Part I. <i>If female, indicate if pregnant or birth occurred within 90 days of death.</i> <b>HYPERTENSION</b>		33. WAS AUTOPSY PERFORMED? <b>NO</b>		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSAL OF DEATH?			
35. TOBACCO USE CONTRIBUTED TO DEATH <b>NO</b>		36. IF FEMALE (range 10-54) PREGNANT <b>NOT PREGNANT WITHIN THE PAST YEAR</b>		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NATURAL</b>			
38. DATE OF INJURY (Mo., Day, Year)		39. TIME OF INJURY		40. PLACE OF INJURY (Home, Farm, Street, Factory, Office, Etc.) (Specify)		41. INJURY AT WORK? (Yes or No)	
42. LOCATION OF INJURY (Street, Apartment Number, City or Town, State, Zip, County)							
43. DESCRIBE HOW INJURY OCCURRED				44. IF TRANSPORTATION INJURY			
45. To the best of my knowledge death occurred at the time, date and place and due to the cause(s) stated. Medical Certifier (Name, Title, License No.)				46. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. Medical Examiner/Coroner (Name, Title, License No.) <b>/S/ AUSTIN J. FIVEASH CORONER 9296641</b>			
45a. DATE SIGNED (Mo., Day, Year)		45b. HOUR OF DEATH		46a. DATE SIGNED (Mo., Day, Year) <b>06/29/2021</b>		46b. HOUR OF DEATH <b>12:51 PM</b>	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH <b>AUSTIN J. FIVEASH 211 WEBSTER STREET VALDOSTA GEORGIA 31602</b>							
48. REGISTRAR (Signature) <b>/S/ CHRISTOPHER JP HARRISON</b>				49. DATE FILED - REGISTRAR (Mo., Day, Year) <b>07/01/2021</b>			