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DOCUMENT PREPARED BY:

James O Stola, Attorney at Law

3738 W Irving Park Road

Chicago, IL 60618

MAIL SUBSEQUENT TAX BILLS TO:

Ivan Leon, Jr.

5026 WEST NEWPORT

CHICAGO, IL 60641

Doc#. 2223521242 Fee: \$98.00

Karen A. Yarbrough

Cook County Clerk

Date: 08/23/2022 09:47 AM 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, ROSA E. LEON died on July 2, 2022

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

1 3 - 2 1 - 4 0 4 - 0 5 3 - 0 0 0 0

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

SEE ATTACHED LEGAL DESCRIPTION

And Common Address Of:

5026 WEST NEWPORT, CHICAGO, IL 60641

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on March 15, 2022 as Document Number: 2207407219 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:
IVAN LEON, JR	5026 WEST NEWPORT, CHICAGO, IL 60641	one-third
DAVID L. LEON	5026 WEST NEWPORT, CHICAGO, IL 60641	one-third
ALEX F. LEON	5026 WEST NEWPORT, CHICAGO, IL 60641	one-third

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 20th (day) of August (month), 2022 (year).

Beneficiary Name & Signature Section:

IVAN LEON, JR.

Print Beneficiary Name Above

Beneficiary Signature Above

DAVID L. LEON

Print Beneficiary Name Above

Beneficiary Signature Above

ALEX F. LEON

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

IVAN LEON, JR., DAVID L. LEON, and ALEX F. LEON

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 20th (day) of August (month), 2022 (year).

Signature of Notary Above

JAMES O. STOLA

Print Name of Notary Above

OFFICIAL SEAL
James O. Stola
NOTARY PUBLIC, STATE OF ILLINOIS
My Commission Expires 09/19/2022

This form is
compliments of:

KAREN A. YARBROUGH
COOK COUNTY RECORDER OF DEEDS

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LEGAL DESCRIPTION

LOT 4 AND 5 (EXCEPT THE EAST 8 FEET THEREOF) IN HERGENHAHN'S RESUBDIVISION OF LOT 22 (EXCEPT THE WEST 59 FEET THEREOF) IN FREDERICK H. BARTLETT'S SUBDIVISION OF THE SOUTH 2/3 OF THE NORTH ½ OF THE SOUTHEAST 1/4 OF SECTION 21, TOWNSHIP 40 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS

PIN: 13-21-404-053-0000

ADDRESS: 5026 WEST NEWPORT, CHICAGO, IL 60641

Property of Cook County Clerk's Office

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CERTIFICATE OF DEATH RECORD

COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2022 0060608

DATE ISSUED 7/6/2022

DECEDENT'S LEGAL NAME ROSA ELENA LEON				SEX FEMALE	DATE OF DEATH JULY 02, 2022
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 64 YEARS		DATE OF BIRTH OCTOBER 22, 1957		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME SYMPHONY OF LINCOLN PARK			
PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY					
BIRTHPLACE ECUADOR	SOCIAL SECURITY NUMBER 357-58-2779	STATUS AT TIME OF DEATH WIDOWED		SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5026 W NEWPORT AVE		APT. NO.	CITY OR TOWN CHICAGO		INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60641	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SIXTO BERNAL		MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ROSA BRAVO
INFORMANT'S NAME IVAN LEON JR		RELATIONSHIP SON		MAILING ADDRESS 5026 W NEWPORT AVE, CHICAGO, IL, 60641	
METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION MOUNT OLIVE CEMETERY		LOCATION - CITY OR TOWN AND STATE CHICAGO, IL	DATE OF DISPOSITION JULY 07, 2022
FUNERAL HOME JAEGER FUNERAL HOME, 3526 N CICERO AVENUE, CHICAGO, IL, 60641					
FUNERAL DIRECTOR'S NAME DOUGLAS JAEGER				FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014320	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH				DATE FILED WITH LOCAL REGISTRAR JULY 6, 2022	
CAUSE OF DEATH PART I. HEART FAILURE					
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)			
		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. CEREBRAL INFARCTION, CORONARY ARTERY DISEASE, CHRONIC KIDNEY DISEASE, STAGE 3B DIABETES				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 07:30 PM
CERTIFIER PHYSICIAN				DATE CERTIFIED JULY 05, 2022	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR CHARLES DRUECK, 600 W CERMAK, SUITE 30, CHICAGO, ILLINOIS, 60616					PHYSICIAN'S LICENSE NUMBER 036.045746

2251721



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

