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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 09/22/2022 01:14 PM PG: 1 OF 9

SPECIAL NOTICE:

This form is **NOT** required by law, nor the Cook County Clerk's Office. Clerk's Office employees **CANNOT** assist with the preparation of this, or **ANY LEGAL FORM.**

PREPARED BY:

La Rassie McCoy
1920 Kensington Ave
Westchester, IL 60154

SURVIVING TENANT AFFIDAVIT

I, Krystal Yore-Evans the surviving tenant of the tenancy created by the deed with the document number: 15-20-206-004-000 do hereby declare under oath that the tenant Pastel R. Yore died on 06-30-2018 as evidenced by the attached certified copy of her/his death certificate (see attached).

I also declare that the aforementioned tenant was an owner of property with the following details:

LEGAL DESCRIPTION

LOT 12 IN WESTCHESTER TERRACE, BEING A SUBDIVISION OF PART OF THE EAST 1/2 OF THE NORTHEAST 1/4 OF SECTION 20, TOWNSHIP 39 NORTH, RANGE 12, EAST OF THE THIRD PRINCIPAL, MERIDIAN, RECORDING TO THE PLAT THEREOF RECORDED AS DOCUMENT 24391500, COOK COUNTY, ILLINOIS.

PROPERTY IDENTIFICATION NUMBER (PIN):

1 5 - 2 0 - 2 0 6 - 0 0 4 - 0 0 0 0

COMMONLY KNOWN ADDRESS:

10419 Waterford

Westchester, IL 60154

NOTARY & AFFIANT SIGNATURE SECTION BELOW

Subscribed & Sworn to me by:

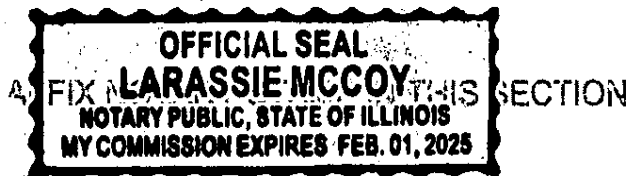
Krystal Yore-Evans

Affiant Signature:

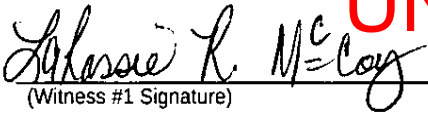
Krystal Yore-Evans

On the Following Date:

8-30-2022



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(Witness #1 Signature)


(Witness #2 Signature)

La Rassie R. McCoy
(FIRST WITNESS NAME TYPED)

Darryl Terrell
(SECOND WITNESS NAME TYPED)

Grantee's Address:

Ms. Krystal Yore-Evans

10419 Waterford Dr
Westchester, Illinois 60154

Grantor's Address:

. Pastel R. Yore, Trustee Or Successor Trustee Of The
Pastel R. Yore Trust
10419 Waterford Dr
Westchester, Illinois 60154

Mail Subsequent Tax Bills To:

Krystal Yore-Evans
10419 Waterford Dr
Westchester, Illinois 60154

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Schedule "A" (List of Property)

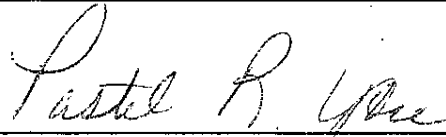
For Ten (\$10.00) Dollars and other good and valuable considerations, the Undersigned, **Pastel R. Yore**, as Trustor, hereby transfers, conveys, delivers, and assigns, to the Trustee(s), as Trustee(s), the Below-listed property with all right, title, interest, and obligations, pertaining thereto, subject to the terms and conditions of **The Pastel R. Yore Trust** dated **March 6th, 2014** and signed by the Undersigned, as Trustor.

987 Mermaid Ave SE. Palm Bay, FL 62909 – Land Tax# 2429533

10419 Waterford Drive, Westchester, IL 60154 – Family Home/Duplex

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Dated: 03/28/2014


Pastel R. Yore

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"Pour Over" Last Will And Testament
of
Pastel R. Yore

I, **Pastel R. Yore**, a resident of **Westchester, IL**, being of sound and disposing mind and memory and over the age of eighteen years, do hereby declare this to be my Last Will and Testament and I expressly revoke all Wills, including codicils, heretofore made by me.

ARTICLE I

1.1 I hereby declare that at the time of making this Last Will and Testament that I am single.

1.2 I declare that I have the following listed children at this time: **Krystal P. Yore-Evans**.

ARTICLE II

2.1 I declare the entire residue of my estate be distributed to the Trustee(s) then in office under that trust designated as "**The Pastel R. Yore Trust**" established **March 6th, 2014**, of which I am a Trustor. I direct that the residue of my estate shall be added to, administered, and distributed as part of that trust, according to the terms of the trust and any amendment made to it before my death. To the extent permitted by law, it is not my intent to create a separate trust by this will or to subject the trust or the property added to it by this will to the jurisdiction of the probate court.

2.2 I hereby direct that my Executor or my Trustee(s) may elect to: (1) use administrative expenses as deductions either for estate tax purposes or income tax purposes; and (2) to use either date of death values or optional values for estate tax purposes, regardless of the effect thereof on any of the interests under this Will.

2.3 I further direct that my Executor or Trustee(s) shall not be required to pay any debt in advance of the due date thereof, including installment obligations, but instead may pay the same in installments as each installment comes due. However if the Trustee(s) deems it to the advantage of the estate any or all debts may be paid in advance of their required installments.

2.4 I stipulate that any asset under litigation, lien, or claim that might cause the assets of the aforementioned Trust to be compromised in any fashion, be held separate from the said Trust until it is free of any claim or threat to the integrity of the Trust.

ARTICLE III

3.1 If the disposition in Article II, above, is inoperative or is invalid for any reason, or if the trust referred to in Article II above, fails or is revoked, I incorporate herein by reference, the terms of that trust, as if executed on this date, without giving effect to any amendments made subsequently, and I bequeath and devise the residue of my estate to the Trustee(s) named in the trust as Trustee(s), to be held, administered, and distributed as provided in that instrument.

3.2 I do hereby nominate the following individual(s) as the Executor(s) of this Will: **Beatrice Randle** then **Krystal P. Yore-Evans** then **Sylvester Randle** to serve, **each to act alone and successively**.

Pastel R. Yore

UNOFFICIAL COPY

- 3.3 The Executor shall have full power and authority to carry out the provisions of the will, including the power to manage and operate during the probate of my estate any property and any business belonging to my estate. I grant unto my Personal Representative, all powers that are allowed to be exercised by Personal Representatives by the laws of the State of Illinois. However, the Executor should not compromise the referenced trust in any fashion by premature transfer of assets that may carry any claim of litigation into the trust.
- 3.4 The executor or Trustee(s) shall serve without bond. However, in the event that one (1) or more bonds are required for one (1) or more such individuals, in their capacities as Executors hereunder, then I request that such bonds be nominal bonds, and, my Executor shall pay any such bond premiums, as bonds premiums are due, as administration expenses of my estate, until the administration of my estate is completed.

IN WITNESS WHEREOF, I direct that this Will and the construction thereof shall be governed by the Laws of the State of Illinois. I have hereunto subscribed my name to this document, my last Will and Testament, which consists of four (4) typewritten pages, and for the purpose of identification, I have initialed or signed each page, all in the presence of the persons who are witnessing, at my request, the execution of this, my last Will and Testament on this 6th day of March, 2014, at Bloomingdale, IL.

Pastel R. Yore
 Pastel R. Yore

Certificate of Acknowledgement of Notary Public

State of Illinois

County of DuPage: ss

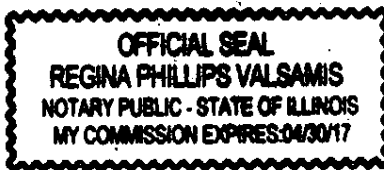
On this 6th day of March, 2014 A.D., Pastel R. Yore appeared before me, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed in this instrument, and acknowledged that he/she executed it.

Regina Phillips Valsamis
 Regina Phillips Valsamis

Residing in Northbrook, IL

My Commission Expires 4/30/2017

NOTARY SEAL:



Signed Pastel R. Yore

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ATTESTATION

The foregoing instrument, which consists of four (4) typewritten pages, including the following pages, was signed, sealed, published, and declared by **Pastel R. Yore**, the testator's last Will and Testament, in our presence, and we, at the testator's request and in the presence of each other, have hereunto subscribed our names as witnesses, this **6th** day of **March, 2014** at **Bloomingtondale, IL**.

Crystal Roberts

(Witness Signature)

March 6th, 2014

Crystal Roberts

181 S. Bloomingdale Rd. Ste 202
Bloomingtondale, IL 60108

Kirsten St. Martin

(Witness Signature)

March 6th, 2014

Kirsten St. Martin

181 S. Bloomingdale Rd. Ste 202
Bloomingtondale, IL 60108

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Signed *Pastel R. Yore*

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ACKNOWLEDGEMENT OF THE EXECUTION OF THE LAST WILL AND TESTAMENT OF

Pastel R. Yore

We, whose names are signed below, each declare under penalties of perjury: **Pastel R. Yore**, the testator, executed the foregoing instrument as the testator's last will and testament; that in our presence, the testator signed the testator's signature and declared that such signing was the testator's free and voluntary act for the purpose of executing the testator's last will and testament; that each of the Witnesses thereto, in the presence of the testator (and at the testator's request) and in the presence of each other, signed such instrument which the testator stated to be the testator's last will and testament; and, to the best of our knowledge, the testator was, at the time of the testator's signing and at the time of the signing of the witnesses, eighteen (18) or more years of age and of sound mind.

Pastel R. Yore

Pastel R. Yore

March 6th, 2014

Crystal Roberts

Crystal Roberts

(Witness Signature)

March 6th, 2014

181 S. Bloomingdale Rd. Ste 202
Bloomingdale, IL 60108

Kirsten St. Martin

Kirsten St. Martin

(Witness Signature)

March 6th, 2014

181 S. Bloomingdale Rd. Ste 202
Bloomingdale, IL 60108

Pastel R. Yore

Signed

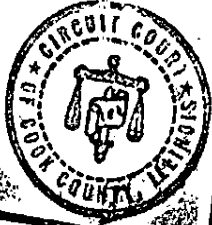
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I hereby certify that the document to which this certification is affixed is a true copy.

Date July 16, 2018

Dorothy Brown
Clerk of the Circuit Court
of Cook County, IL



CERTIFICATION OF DEATH RECORD

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COOK COUNTY CLERK VITAL RECORDS

CHICAGO, ILLINOIS

MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 0054771


DATE ISSUED 9/2/2022

DECEDENT'S LEGAL NAME PASTEL RANDLE YORE		SEX FEMALE	DATE OF DEATH JUNE 30, 2018	
COUNTY OF DEATH DU PAGE	AGE AT LAST BIRTHDAY 78 YEARS	DATE OF BIRTH DECEMBER 08, 1939		
CITY OR TOWN ELMHURST		HOSPITAL OR OTHER INSTITUTION NAME ELMHURST MEMORIAL HOSPITAL MAIN CAMPUS		
PLACE OF DEATH INPATIENT				
BIRTHPLACE HOLMES COUNTY, MS	SOCIAL SECURITY NUMBER 426-76-8708	STATUS AT TIME OF DEATH DIVORCED FROM MARRIAGE	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10419 WATERFORD DRIVE	APT. NO.	CITY OR TOWN WESTCHESTER	INSIDE CITY LIMITS? YES	
COUNTY COOK	STATE IL	ZIP CODE 60154	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION SYLVESTER RANDLE	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION LILLIE MAE LUND
INFORMANT'S NAME KRYSTAL YORE-EVANS		RELATIONSHIP DAUGHTER	MAILING ADDRESS 10419 WATERFORD DRIVE, WESTCHESTER, IL, 60154	
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION OAK RIDGE CEMETERY	LOCATION - CITY OR TOWN AND STATE HILLSIDE, IL	DATE OF DISPOSITION JULY 07, 2018	
FUNERAL HOME D.L. PERKINS SR. MEMORIAL CHAPEL, 8138 SOUTH COTTAGE GROVE, CHICAGO, IL, 60619				
FUNERAL DIRECTOR'S NAME SANTINA ELISE ALEXANDRA SPENCER			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016894	
LOCAL REGISTRAR'S NAME KAREN J. AYALA			DATE FILED WITH LOCAL REGISTRAR JULY 5, 2018	
CAUSE OF DEATH	PART I. PULMONARY EMBOLISM			
IMMEDIATE CAUSE <small>(Final disease or condition resulting in death)</small>	a.	Due to (or as a consequence of)		
	b.	METASTATIC BREAST CANCER		
	c.	Due to (or as a consequence of)		
		Due to (or as a consequence of)		
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 JUNE 01, 2018	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 11:51 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED JULY 03, 2018	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PILLAI, ANITA, 155 E. BRUSH HILL RD, ELMHURST, ILLINOIS, 60126			PHYSICIAN'S LICENSE NUMBER 036-097536	

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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

THE WORD VOID APPEARS WHEN PHOTOCOPIED

NOTE: EMBOSSED STATE AND COUNTY SEALS AT BOTTOM

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TO TEST FOR AUTHENTICITY: The face of this document has a green background. Verification of some of the security features can be accomplished by:

- Identifying invisible UV fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a green border with ornate lines including reverse microtext.
- This backer copy is constructed with a microtext border. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with embossed Cook County seals.
- Inspect background with a magnifier to verify the encrypted NanoCopy™ algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

U.S. Security Patents: 6,692,030, 7,196,822

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