UNOFFICIAL COPY Cynthia T. Walker ეიc# 2229315005 Fee \$88.00 99 N. Genesee Ave HSP FEE:\$9.00 RPRF FEE: \$1.00 (AREN A. YARBROUGH Pontiac, MI 48341 COOK COUNTY CLERK MAIL SUBSEQUENT TAX BILLS TO: DATE: 10/20/2022 09:56 AM PG: 1 OF 2 Cynthia T. Walker 99 N. Genesee Ave. Pontiac MI 48341 SPECIAL MOTICE: THIS IS A NON-MANDATORY COURTESY FORM, AND IS NOT LEGAL ADVICE IN ANYWAY! NOTICE OF DEATHAFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT (TODI) DEED Pursuant to §755 ILCS 27/73. Sec. 75. Notice of death affidavit, the undersigned beneficiary/beneficiaries, having been duly sworn and under oath, dr state the following: That, Roger D. Thomas died on 1-13-2021 Cook _ County, Illinois, as owner of the Property Identification Number: With the Legal Description Of (attach exhibit if more room is needed): Lot 7 in Cramer's Subdivision of the North 322.19 feet of the West 170.6 feet of block 22 in Webster's Subdivision of the North West Quarter of Section 34, Township 38 North, Range 14, East of the Third Principal Meridian, in Cook County, Illinois: And Common Address Of: 5. Indiana Ave, Chicago, IL 60619 And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on 4-1-2019 as Document Number: 1909157016 naming the following perceficiary/beneficiaries as the successive owner(s) of the property referenced above with the stated percentage/share of said property: NAME: ADDRESS: Karen T. Garrett 2820 Valley Forge Rd., Lisle, IL 60532 Cynthia T. Walker 99 N. Genesee Ave., Pontiac, MI 48341 KAREN A. YARBROUGH

COOK COUNTY CLERK

Page 1

of 2

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2229315005 Page: 2 of 2

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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	***				i
on Death Instrument, this	(ddy) or _		(month), _	2022	(year).
	Beneficiary Na	me & Signature S	ection:		!
Karen T. Garrett		(Cynthia T. Walker Print Beneficiary Name Above		
Print Beneficiary Nam	e Above	•	Print Beneficiary N	ame Above	
Kare Garri	tt.		Cinetia C	1. Hacken	
Ben anciary Signature	Above		eneficiary Signa	1. Nachw ture Above	_
Derx.					
Print Beneficiary Name		Print Beneficiary Name Above			
Beneficiary Signature	Above	-	Beneficiary Signa	ture Above	_
Print Beneficiary Nam	e Above	C —	Print Beneficiary N	ame Above	
	,	0/2			
Beneficiary Signature	Above	17/1	Beneficiary Signa	ture Above	
	Notary	Public Section:			
STATE OF MICHIGAN COUNTY OF DAKLAND	55		Q _a		
COUNTY OF DAKLAND	SS		7		
I, the undersigned, a Notary Publ	ic in and for the State :	aforesaid. DO HERE	EBY CERTIFY THA		
KAREN T. GARRE	EH and Cy of ALL Beneficiary(ies	ottia I. I	WAIKER)	BOVE	
personally known to me to be the instrument, appeared before me to					
Signed and sworn to before me the	nis <u>19+7</u> (day	of Detaber	(month), <u>202</u>	(year).	
Signature of Notary About Notary About Name of Notary About Name of Notary About Notary About Name of Notary Name of Name of Notary Name of	<u> </u>	ALICIA C. Wi Notary Public, Ste County of C My Commission Expl Acting In The Count	te of Michigan Dakland es Aug. 02, 2024		STAND OF
This form is	'	REN A. Y	ARBROUG		
compliments of:			ORDER OF DE		17.
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