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Doc# 2306634015 Fee \$88.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 03/07/2023 02:13 PM PG: 1 OF 5

Prepared by:

Attorney Willie J. Newton, Jr.
9924 South Walden Pkwy,
Chicago, IL 60643

Mail Subsequent Tax Bill to

Sarah Negron
5850 El Dorado Avenue
El Cerrito, CA 94530

This Notice of Death Affidavit & Acceptance of Transfer On Death Instrument, Pursuant to subsection 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 Victoria Greene died on February 4, 2023 as a resident of Fulton County, Georgia, as owner of Property Identification Number **17-34-102-051-1062**

Legal Description:

See Exhibit "A" Attached

Property Address: 3120 South Indiana Unit 207 Chicago, IL 60616,

And Furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument (TODI) on January 30, 2023 as Document Number **2303015000** naming the following beneficiary/beneficiaries as successive owner(s) of the property referenced above with the stated percentage/share of said property.

NAME:	ADDRESS:	SHARE
Sarah Negron	5850 El Dorado Ave. El Cerrito, CA 94530	100%

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STATE OF ILLINOIS, COUNTY OF COOK ss.

In witness whereof, the undersigned beneficiaries, hereby accept the transfer of residential real estate under the Transfer on Death Instrument , this March 3, 2023

Sarah Negron
Print Beneficiary Name

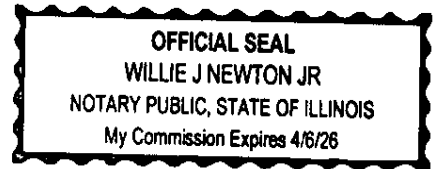
Sarah Negron
Beneficiary Signature

STATE OF ILLINOIS, COUNTY OF COOK ss.

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, DO HEREBY CERTIFY THAT the above is personally known to me to be the same persons whose names are subscribed to the foregoing instrument, appeared before me this day in person, and acknowledged that they signed, sealed, and delivered the said affidavit as their free and voluntary act, for the uses and purposes therein set forth.

Given under my hand and official seal, this 3rd day of March 2023.

Willie J. Newton Jr (Notary Public)



Willie J. Newton, Jr

Notary Public of Cook County Clerk's Office

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Exhibit A

Legal Description:

PARCEL 1: UNIT NO. 3120-207 IN THE MICHIGAN INDIANA CONDOMINIUM (AS HEREINAFTER DESCRIBED), TOGETHER WITH ITS UNDIVIDED PERCENTAGE INTEREST IN THE COMMON ELEMENTS, WHICH UNIT AND COMMON ELEMENTS ARE COMPRISED OF:

(A) THE LEASEHOLD ESTATE CREATED BY THE GROUND LEASE FOR MICHIGAN PLACE DATED DECEMBER 7, 1999 BETWEEN ILLINOIS INSTITUTE OF TECHNOLOGY, AN ILLINOIS NOT-FOR-PROFIT CORPORATION, AS LESSOR, AND MICHIGAN PLACE LLC, AS LESSEE, RECORDED BY THE COOK COUNTY RECORDER OF DEEDS ON FEBRUARY 29, 2000 AS DOCUMENT NO. 00-147967 INCLUDING ALL AMENDMENTS AND EXHIBITS THERETO (THE "GROUND LEASE") WHICH GROUND LEASE DEMISES THE LAND HEREINAFTER DESCRIBED FOR A TERM OF YEARS ENDING DECEMBER 31, 2098 (EXCEPT THE BUILDINGS AND IMPROVEMENTS LOCATED ON THE LAND); AND

(B) OWNERSHIP OF THE BUILDINGS AND IMPROVEMENT LOCATED ON THE FOLLOWING DESCRIBED LAND:

CERTAIN PARTS OF BLOCK 1 IN CHARLES WALKER'S SUBDIVISION OF THAT PART NORTH OF THE SOUTH 60 ACRES OF THE WEST 1/2 OF THE NORTHWEST 1/4 OF SECTION 34, TOWNSHIP 39 NORTH, RANGE 14 EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS, AS DELINEATED ON A SURVEY WHICH IS ATTACHED AS EXHIBIT "B" TO THE DECLARATION OF CONDOMINIUM OWNERSHIP AND EASEMENTS, RESTRICTIONS, COVENANTS AND BY-LAWS FOR MICHIGAN INDIANA CONDOMINIUM DATED FEBRUARY 23, 2001 AND RECORDED BY THE COOK COUNTY RECORDER OF DEEDS ON MARCH 15, 2001 AS DOCUMENT 001-0205852, AS THE SAME MAY HAVE BEEN AMENDED FROM TIME TO TIME (AS SO AMENDED, "THE DECLARATION"), ALL IN COOK COUNTY, ILLINOIS.

PARCEL 2: THE EXCLUSIVE RIGHT TO THE USE OF P-52 AND L.C.E.-62, LIMITED COMMON ELEMENTS AS DELINEATED ON THE SURVEY ATTACHED TO THE DECLARATION AFORESAID.

Proposed Cook County Clerk's Office

UNOFFICIAL COPY**GEORGIA DEATH CERTIFICATE**State File Number **2023GA000007502**

1. DECEDENT'S LEGAL FULL NAME (First, Middle, Last) VICKI ELLEN GREENE		1a. IF FEMALE, ENTER LAST NAME AT BIRTH GREENE		2. SEX FEMALE	2a. DATE OF DEATH (Mo., Day, Year) ACTUAL DATE OF DEATH 02/04/2023	
3. SOCIAL SECURITY NUMBER 344-50-7147	4a. AGE (Years) 67	4b. UNDER 1 YEAR Mos. Days Hours Mins.		5. DATE OF BIRTH (Mo., Day, Year) 05/03/1955		
6. BIRTHPLACE ILLINOIS	7a. RESIDENCE - STATE GEORGIA	7b. COUNTY FULTON		7c. CITY, TOWN ATLANTA		
7d. STREET AND NUMBER 675 N HIGHLAND AVENUE NE APT 222		7e. ZIP CODE 30306	7f. INSIDE CITY LIMITS? YES	8. ARMED FORCES? NO		
8a. USUAL OCCUPATION EDUCATOR		8b. KIND OF INDUSTRY OR BUSINESS EDUCATION				
9. MARITAL STATUS DIVORCED	10. SPOUSE NAME			11. FATHER'S FULL NAME (First, Middle, Last) WILLIAM J GREENE		
12. MOTHER'S MAIDEN NAME (First, Middle, Last) ESTHER JONES	13a. INFORMANT'S NAME (First, Middle, Last) SARAH NEGRON		13b. RELATIONSHIP TO DECEDENT DAUGHTER			
13c. MAILING ADDRESS 5850 EL DORADO AVENUE FL CERRITO CALIFORNIA 94530			14. DECEDENT'S EDUCATION MASTER'S DEGREE			
15. ORIGIN OF DECEDENT (Spanish, Hispanic/Latino) NO, NOT SPANISH/HISPANIC/LATINO		16. DECEDENT'S RACE (White, Black, American Indian, etc.) (Specify) BLACK OR AFRICAN-AMERICAN				
17a. IF DEATH OCCURRED IN HOSPITAL		17b. IF DEATH OCCURRED OTHER THAN HOSPITAL (Specify) HOSPICE FACILITY				
18. HOSPITAL OR OTHER INSTITUTION NAME (If not in either give street and no.) BRIGHTMOOR HOSPICE			19. CITY, TOWN or LOCATION OF DEATH GRIFFIN		20. COUNTY OF DEATH SPALDING	
21. METHOD OF DISPOSITION (specify) CREMATION		22. PLACE OF DISPOSITION MO JDY DANIEL CREMATORY 10170 HWY 19 NORTH ZEBULON GEORGIA 30295			23. DISPOSITION DATE (Mo., Day, Year) 02/06/2023	
24a. EMBALMER'S NAME KEITH GARRETT STONE		24b. EMBALMER LICENSE NO. 3122	25. FUNERAL HOME NAME BURDEN'S FUNERAL HOME			
25a. FUNERAL HOME ADDRESS 1512 WILLIAMSON ROAD GRIFFIN GEORGIA 30224						
26a. SIGNATURE OF FUNERAL DIRECTOR ROGERS F BENTLEY			26b. FUN. DIR. LICENSE NO. 2217	AMENDMENTS		
27. DATE PRONOUNCED DEAD (Mo., Day, Year) 02/04/2023		28. HOUR PRONOUNCED DEAD 23:16 MILITARY				
29a. PRONOUNCER'S NAME Denise MARIE Clifton			29b. LICENSE NUMBER RN154657	29c. DATE SIGNED 02/04/2023		
30. TIME OF DEATH 23:16 MILITARY			31. WAS CASE REFERRED TO MEDICAL EXAMINER NO			
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)					Approximate interval between onset and death	
A. OVARIAN CANCER Due to, or as a consequence of					UNKNOWN	
B. Due to, or as a consequence of						
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 A. If female, indicate if pregnant or birth occurred within 90 days of death.			33. WAS AUTOPSY PERFORMED? NO		34. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
35. TOBACCO USE CONTRIBUTED TO DEATH NO		36. IF FEMALE (range 10-54) PREGNANT NOT PREGNANT WITHIN THE PAST YEAR		37. ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) NATURAL		
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.) KEVIN NAPIER, MD, 040749				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.)		
45a. DATE SIGNED (Mo., Day, Year) 02/09/2023	45b. HOUR OF DEATH 23:16 MILITARY		46a. DATE SIGNED (Mo., Day, Year)		46b. HOUR OF DEATH	
47. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH KEVIN NAPIER 231 GRAEFE STREET GRIFFIN GEORGIA 30224						
48. REGISTRAR (Signature) /S/ CHRISTOPHER JP HARRISON					49. DATE FILED - REGISTRAR (Mo., Day, Year) 02/09/2023	

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THIS IS TO CERTIFY THAT THIS IS A TRUE REPRODUCTION OF THE ORIGINAL RECORD ON FILE WITH THE STATE OFFICE OF VITAL RECORDS, GEORGIA DEPARTMENT OF PUBLIC HEALTH. THIS CERTIFIED COPY IS ISSUED UNDER THE AUTHORITY OF CHAPTER 31-10, CODE OF GEORGIA AND 511-1-3 DPH RULES AND REGULATIONS.

Gwendolyn Duffin

DEPUTY STATE REGISTRAR AND CUSTODIAN
GEORGIA STATE OFFICE OF VITAL RECORDS

COUNTY CUSTODIAN:

Vaerri Colwell

ISSUED BY:

Keri Stowers

DATE ISSUED:

Feb. 9, 2023

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