



2311515032

DOCUMENT PREPARED BY:

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Chicago, IL 60617

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KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 04/25/2023 01:51 PM PG: 1 OF 3

MAIL SUBSEQUENT TAX BILLS TO:

Lisa Ramirez
10619 S. Calhoun Ave
Chicago, IL 60617

**NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON
DEATH INSTRUMENT (TOD) 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, Ida Fernandez died on March 17th, 2023 as a resident of Cook County, Illinois, as owner of the Property Identification Number: **25-13-202-021-0000**.

With the Legal Description Of:

LOT TWENTY FOUR (24) IN BLOCK TWO (2) IN IRONDALE, A SUBDIVISION OF THE EAST HALF (1/2) OF SECTION 13, SOUTH OF THE INDIAN BOUNDARY LINE, IN TOWN 37 NORTH, RANGE 14, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

And Common Address Of: 10645 S. Calhoun Avenue, Chicago, IL 60617

And furthermore, the aforementioned owner (who is now deceased) recorded a Transfer on Death Instrument on October 22nd, 2019, as Document Number: 1929517069 naming the following beneficiary/beneficiaries as the successive owner(s) of the property referenced above with the stated percentage/share of said property:

Lisa Ramirez, 10619 S. Calhoun Avenue, Chicago, IL 60617, 100%

UNOFFICIAL COPY

NOTICE OF DEATH AFFIDAVIT & ACCEPTANCE OF TRANSFER ON DEATH INSTRUMENT
(TODI) DEED, PAGE 2 – RAMIREZ

In witness whereof, the undersigned beneficiaries hereby accept the transfer of residential real estate under the Transfer on Death Instrument, this 20th day of April, 2023.

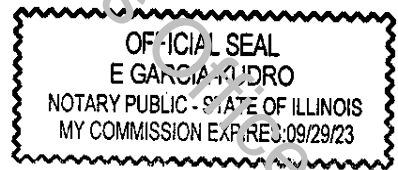
Lisa Ramirez
LISA RAMIREZ

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, the undersigned, a Notary Public in and for said County, in the State aforesaid, **DO HEREBY CERTIFY THAT** LISA RAMIREZ, 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 April, 2023.

E Garcia Kudro
NOTARY PUBLIC SIGNATURE

E Garcia Kudro
PRINT NAME OF NOTARY PUBLIC



CERTIFICATION OF DEATH RECORD

UNOFFICIAL COPY

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

STATE FILE NUMBER 2023 0022636 DATE ISSUED 3/20/2023

DECEDENT'S LEGAL NAME IDA FERNANDEZ		SEX FEMALE	DATE OF DEATH MARCH 17, 2023	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 83 YEARS	DATE OF BIRTH JULY 26, 1939		
CITY OR TOWN CHICAGO	HOSPITAL OR OTHER INSTITUTION NAME 10645 SOUTH CALHOUN AVENUE			
PLACE OF DEATH DECEDENT'S HOME				
BIRTHPLACE CHICAGO, IL	SOCIAL SECURITY NUMBER [REDACTED] 8122	STATUS AT TIME OF DEATH WIDOWED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 10645 SOUTH CALHOUN	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 JOSEPH ARANA	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION VICTORIA ARRENDONDO
INFORMANT'S NAME JOSEPH FERNANDEZ	RELATIONSHIP SON	MAILING ADDRESS 10706 SOUTH HOXIE, CHICAGO, IL, 60617		
METHOD OF DISPOSITION BURIAL	PLACE OF DISPOSITION HOLY CROSS CATHOLIC CEMETERY	LOCATION - CITY OR TOWN AND STATE CALUMET CITY, IL	DATE OF DISPOSITION MARCH 22, 2023	
FUNERAL HOME ELMWOOD CHAPEL, 11200 S. EWING AVE. CHICAGO, IL, 60617				
FUNERAL DIRECTOR'S NAME JAMES F BETKOWSKI		FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034012040		
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH		DATE FILED WITH LOCAL REGISTRAR MARCH 20, 2023		
CAUSE OF DEATH PART I. FAILURE TO THRIVE IN ADULT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (Final disease or condition resulting in death)				
a. _____ Due to (or as a consequence of):				
b. SEVERE PROTEIN CALORIE MALNUTRITION				
c. _____ Due to (or as a consequence of):				
c. MALIGNANT NEOPLASM OF LEFT OVARY		4 YEARS		
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.		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? NO	DATE LAST SEEN ALIVE UNKNOWN	WAS MEDICAL EXAMINER OR CORONER CONTACTED? NO	DATE PRONOUNCED	TIME OF DEATH 08:57 AM
CERTIFIER PHYSICIAN			DATE CERTIFIED MARCH 17, 2023	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR SIDDIQUI, 1 INGALLS DRIVE, HARVEY, ILLINOIS, 60426			PHYSICIAN'S LICENSE NUMBER 036163785	

2523696



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
Karen A. Yarbrough
Cook County Clerk

