

# UNOFFICIAL COPY



THIS INSTRUMENT WAS PREPARED BY/MAIL TO:

Rafael Uribe  
118 N Clark St (Rm 120)  
Cook county clerk office

Doc# 2317347032 Fee \$41.00

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

KAREN A. YARBROUGH

COOK COUNTY CLERK

DATE: 06/22/2023 04:02 PM PG: 1 OF 3

NAME & ADDRESS OF PROPERTY OWNER:

Rafael & Maria Uribe  
5725 S. St Louis Ave.  
CHICAGO, IL 60629

## ILLINOIS REAL PROPERTY TRANSFER ON DEATH INSTRUMENT (TODI) PURSUANT TO § 755 ILCS 27/1 ET SEQ.

THIS TRANSFER ON DEATH INSTRUMENT (hereinafter referred to as a TODI), which was completed and signed before a notary public on the following date: 02/18/23, by the property owner or owners, whose name(s) is/are: Rafael & Maria Uribe, and currently live(s) at the street address of: 5725 S. St Louis Ave in the City of: Chicago and County of: Cook in the State of: Illinois with a zip code of: 60629, while being of sound mind and disposing memory, do/does now hereby make(s), declare(s) and publishes this TODI, stating and attesting to the following: That the above-referenced property owner(s), is/are, the SOLE owner(s) of the real property, under a duly recorded DEED or other CONVEYANCE INSTRUMENT which was recorded on the date of: 1-18-94 as document number: 94053512 with the proper County Agency in the County of: Cook in the State of Illinois. Furthermore, this TODI is intended to transfer the following real property:

LEGAL DESCRIPTION: CHECK WHICH APPLIES -  WRITTEN BELOW - or -  SEE ATTACHED

Lot 1 in B.W Barr & Sons resubdivision of lots 25 to 39 inclusive in block 2 in Eberhart Robinson & Good's subdivision of the East 1/2 of the Southwest 1/4 of the northeast 1/4 of Section 14, Township 38 North, Range 13, East of the third principal meridian, according to the plat therefore recorded on June 22, 1925 as document number 8951537, in Cook County, Illinois.

PROPERTY INDEX NUMBER(PIN): 19-14-215-009-0000

COMMONLY REFERRED TO ADDRESS: 5725 S. St Louis Ave  
Chicago IL 60629

Finally, the owner(s), while also being of competent mind and capacity, while waiving and releasing all rights under the Homestead Exemption laws of the State of Illinois, do(es) now hereby **CONVEY** and **TRANSFER**, effective upon the death of the above-named **OWNER**, or last to die of the **OWNERS**, the above-described real property to the named **BENEFICIARY** or **BENEFICIARIES** on the following page in the specified **TENANCY TYPE** if multiple **BENEFICIARIES**.

S Y  
P A3  
S Y-1  
SC  
INTK

SPECIAL NOTICE: This form is provided compliments of COOK COUNTY CLERK KAREN A. YARBROUGH, and DOES NOT CONSTITUTE LEGAL ADVICE. Furthermore, it is provided WITHOUT any TITLE EXAMINATION or REVIEW of your individual estate plan. PLEASE CONTACT AN ATTORNEY OR LICENSED ESTATE PLANNING PROFESSIONAL if you have additional questions, comments or concerns regarding how to complete this form. COOK COUNTY CLERK'S OFFICE STAFF MAY NOT assist you with the preparation of this, or any legal document.

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**Legal description of property:**

PIN: 19-14-215-009-0000

Subject to all easements, right of way, protective covenants and mineral reservations of record, if any, to:

<b>Beneficiary Name, Relationship to owner</b>	<b>Beneficiary address</b>	<b>Share %</b>
Elizabeth Uribe, Daughter	5725 S st Louis Ave	50%

<b>Beneficiary Name, Relationship to owner</b>	<b>Beneficiary address</b>	<b>Share %</b>
Alejandro Uribe, Son	5725 S st Louis Ave	50%

Upon my death, I transfer my interest in the above described property to the beneficiaries as designated above.

Before my death I have the right to revoke this instrument.

This instrument is to be recorded prior to the aforesaid owner's death with public records in the office of recorder of the county in which any part of the residential real estate is located.

Rafael Uribe

Name

2/18/23

Date

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## CERTIFICATION OF DEATH RECORD

**COOK COUNTY CLERK VITAL RECORDS**  
**CHICAGO, ILLINOIS**  
**MEDICAL EXAMINER/CORONER CERTIFICATE OF DEATH**

STATE FILE NUMBER 2020 0106987

MEDICAL EXAMINER'S CASE NUMBER 2020-12207

DATE ISSUED 11/23/2020

DECEDENT'S LEGAL NAME MARIA ISABEL URIBE		SEX FEMALE	DATE OF DEATH NOVEMBER 06, 2020	
COUNTY OF DEATH COOK	AGE AT LAST BIRTHDAY 50 YEARS	DATE OF BIRTH FEBRUARY 06, 1970		
CITY OR TOWN CHICAGO		HOSPITAL OR OTHER INSTITUTION NAME UNIVERSITY OF CHICAGO MEDICAL CENTER		
PLACE OF DEATH INPATIENT				
BIRTHPLACE MEXICO	SOCIAL SECURITY NUMBER 342-88-7583	STATUS AT TIME OF DEATH MARRIED	SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME RAFAEL URIBE	EVER IN U.S. ARMED FORCES? NO
RESIDENCE 5725 S ST LOUIS AVE		APT. NO.	CITY OR TOWN CHICAGO	INSIDE CITY LIMITS? YES
COUNTY COOK	STATE IL	ZIP CODE 60629	FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RAIMON SANCHEZ RODRIGUEZ	MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION MONICA HERNANDEZ LOPEZ
INFORMANT'S NAME RAFAEL URIBE		RELATIONSHIP HUSBAND	MAILING ADDRESS 5725 S ST LOUIS AVE, CHICAGO, IL, 60629	
METHOD OF DISPOSITION CREMATION		PLACE OF DISPOSITION CAPE CREMATION CENTER	LOCATION - CITY OR TOWN AND STATE ROMEVILLE, IL	DATE OF DISPOSITION NOVEMBER 14, 2020
FUNERAL HOME PEREZ FRANCO CREMATION & FUNERAL SERVICES INC., 3100 W 59TH ST, CHICAGO, IL, 60629				
FUNERAL DIRECTOR'S NAME YADIRA PEREZ			FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034016453	
LOCAL REGISTRAR'S NAME KAREN A YARBROUGH			DATE FILED WITH LOCAL REGISTRAR NOVEMBER 19, 2020	
CAUSE OF DEATH	PART I. ACUTE HYPOXIC RESPIRATORY FAILURE			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. _____ Due to (or as a consequence of)			
	b. NOVEL CORONA (COVID-19) VIRAL INFECTION Due to (or as a consequence of)			
	c. _____ 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.				
DIABETES MELLITUS			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?	DATE LAST SEEN ALIVE	WAS MEDICAL EXAMINER OR CORONER CONTACTED?	DATE PRONOUNCED NOVEMBER 06, 2020	TIME OF DEATH 07:38 PM.
CERTIFIER MEDICAL EXAMINER/CORONER			DATE CERTIFIED NOVEMBER 19, 2020	
NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH PONNI ARUNKUMAR MD, 2121 W HARRISON ST, CHICAGO, IL, 60612			PHYSICIAN'S LICENSE NUMBER 1576959	



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



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE